

By: Senator(s) Bryan

To: Public Health and  
Welfare; Appropriations

SENATE BILL NO. 2800

1 AN ACT TO AMEND SECTION 43-11-13, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE THAT A MEDICATION AIDE MAY PARTICIPATE IN MEDICATION  
3 ADMINISTRATION WHEN CERTIFIED THROUGH A MEDICATION AIDE  
4 CERTIFICATION PROGRAM IN ACCORDANCE WITH THIS ACT AND GENERALLY  
5 MANAGED BY A LICENSED HEALTHCARE PROFESSIONAL AT THE PERSONAL CARE  
6 HOME ASSISTED LIVING; TO PROVIDE CERTAIN MEDICATION ROUTES THAT A  
7 MEDICATION AIDE MAY PROVIDE; TO REQUIRE APPLICABLE FACILITIES TO  
8 KEEP AND MAINTAIN ACCURATE MEDICATION ADMINISTRATION RECORDS; TO  
9 SET THE MINIMUM COMPETENCIES OF SUCH AIDES; TO PROVIDE THE  
10 REQUIREMENTS OF A MEDICATION AIDE CERTIFICATION PROGRAM; TO  
11 ESTABLISH THE REQUIREMENTS TO RECEIVE A MEDICATION AIDE  
12 CERTIFICATE; TO PROVIDE THAT THE DEPARTMENT OF HEALTH SHALL  
13 ADMINISTER THE PROGRAM AND PRESCRIBE RULES AND REGULATIONS RELATED  
14 THERETO; TO PROVIDE THAT THE DEPARTMENT MAY COLLECT A FEE FOR SUCH  
15 CERTIFICATE; TO REQUIRE THE DEPARTMENT SHALL LIST EACH MEDICATION  
16 AIDE REGISTRATION IN THE MEDICATION AIDE REGISTRY; TO ESTABLISH  
17 CERTAIN HEARING AND APPEAL RIGHTS FOR CERTIFICATE HOLDERS; AND FOR  
18 RELATED PURPOSES.

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

20 **SECTION 1.** Section 43-11-13, Mississippi Code of 1972, is  
21 amended as follows:

22 43-11-13. (1) The licensing agency shall adopt, amend,  
23 promulgate and enforce such rules, regulations and standards,  
24 including classifications, with respect to all institutions for  
25 the aged or infirm to be licensed under this chapter as may be  
26 designed to further the accomplishment of the purpose of this



27 chapter in promoting adequate care of individuals in those  
28 institutions in the interest of public health, safety and welfare.  
29 Those rules, regulations and standards shall be adopted and  
30 promulgated by the licensing agency and shall be recorded and  
31 indexed in a book to be maintained by the licensing agency in its  
32 main office in the State of Mississippi, entitled "Rules,  
33 Regulations and Minimum Standards for Institutions for the Aged or  
34 Infirm" and the book shall be open and available to all  
35 institutions for the aged or infirm and the public generally at  
36 all reasonable times. Upon the adoption of those rules,  
37 regulations and standards, the licensing agency shall mail copies  
38 thereof to all those institutions in the state that have filed  
39 with the agency their names and addresses for this purpose, but  
40 the failure to mail the same or the failure of the institutions to  
41 receive the same shall in no way affect the validity thereof. The  
42 rules, regulations and standards may be amended by the licensing  
43 agency, from time to time, as necessary to promote the health,  
44 safety and welfare of persons living in those institutions.

45 (2) The licensee shall keep posted in a conspicuous place on  
46 the licensed premises all current rules, regulations and minimum  
47 standards applicable to fire protection measures as adopted by the  
48 licensing agency. The licensee shall furnish to the licensing  
49 agency at least once each six (6) months a certificate of approval  
50 and inspection by state or local fire authorities. Failure to  
51 comply with state laws and/or municipal ordinances and current



52 rules, regulations and minimum standards as adopted by the  
53 licensing agency, relative to fire prevention measures, shall be  
54 prima facie evidence for revocation of license.

55 (3) The State Board of Health shall promulgate rules and  
56 regulations restricting the storage, quantity and classes of drugs  
57 allowed in personal care homes and adult foster care facilities.  
58 Residents requiring administration of Schedule II Narcotics as  
59 defined in the Uniform Controlled Substances Law may be admitted  
60 to a personal care home. Schedule drugs may only be allowed in a  
61 personal care home if they are administered or stored utilizing  
62 proper procedures under the direct supervision of a licensed  
63 physician or nurse.

64 (4) (a) Notwithstanding any determination by the licensing  
65 agency that skilled nursing services would be appropriate for a  
66 resident of a personal care home, that resident, the resident's  
67 guardian or the legally recognized responsible party for the  
68 resident may consent in writing for the resident to continue to  
69 reside in the personal care home, if approved in writing by a  
70 licensed physician. However, no personal care home shall allow  
71 more than two (2) residents, or ten percent (10%) of the total  
72 number of residents in the facility, whichever is greater, to  
73 remain in the personal care home under the provisions of this  
74 subsection (4). This consent shall be deemed to be appropriately  
75 informed consent as described in the regulations promulgated by  
76 the licensing agency. After that written consent has been



77 obtained, the resident shall have the right to continue to reside  
78 in the personal care home for as long as the resident meets the  
79 other conditions for residing in the personal care home. A copy  
80 of the written consent and the physician's approval shall be  
81 forwarded by the personal care home to the licensing agency.

82 (b) The State Board of Health shall promulgate rules  
83 and regulations restricting the handling of a resident's personal  
84 deposits by the director of a personal care home. Any funds given  
85 or provided for the purpose of supplying extra comforts,  
86 conveniences or services to any resident in any personal care  
87 home, and any funds otherwise received and held from, for or on  
88 behalf of any such resident, shall be deposited by the director or  
89 other proper officer of the personal care home to the credit of  
90 that resident in an account that shall be known as the Resident's  
91 Personal Deposit Fund. No more than one (1) month's charge for  
92 the care, support, maintenance and medical attention of the  
93 resident shall be applied from the account at any one time. After  
94 the death, discharge or transfer of any resident for whose benefit  
95 any such fund has been provided, any unexpended balance remaining  
96 in his personal deposit fund shall be applied for the payment of  
97 care, cost of support, maintenance and medical attention that is  
98 accrued. If any unexpended balance remains in that resident's  
99 personal deposit fund after complete reimbursement has been made  
100 for payment of care, support, maintenance and medical attention,  
101 and the director or other proper officer of the personal care home



102 has been or shall be unable to locate the person or persons  
103 entitled to the unexpended balance, the director or other proper  
104 officer may, after the lapse of one (1) year from the date of that  
105 death, discharge or transfer, deposit the unexpended balance to  
106 the credit of the personal care home's operating fund.

107 (c) The State Board of Health shall promulgate rules  
108 and regulations requiring personal care homes to maintain records  
109 relating to health condition, medicine dispensed and administered,  
110 and any reaction to that medicine. The director of the personal  
111 care home shall be responsible for explaining the availability of  
112 those records to the family of the resident at any time upon  
113 reasonable request.

114 (5) The State Board of Health and the Mississippi Department  
115 of Corrections shall jointly issue rules and regulations for the  
116 operation of the special care facilities for paroled inmates.

117 (6) (a) For the purposes of this subsection (6):

118 (i) "Licensed entity" means a hospital, nursing  
119 home, personal care home, home health agency, hospice or adult  
120 foster care facility;

121 (ii) "Covered entity" means a licensed entity or a  
122 health care professional staffing agency;

123 (iii) "Employee" means any individual employed by  
124 a covered entity, and also includes any individual who by contract  
125 provides to the patients, residents or clients being served by the  
126 covered entity direct, hands-on, medical patient care in a



127 patient's, resident's or client's room or in treatment or recovery  
128 rooms. The term "employee" does not include health care  
129 professional/vocational technical students performing clinical  
130 training in a licensed entity under contracts between their  
131 schools and the licensed entity, and does not include students at  
132 high schools located in Mississippi who observe the treatment and  
133 care of patients in a licensed entity as part of the requirements  
134 of an allied-health course taught in the high school, if:

135                   1. The student is under the supervision of a  
136 licensed health care provider; and

137                   2. The student has signed an affidavit that  
138 is on file at the student's school stating that he or she has not  
139 been convicted of or pleaded guilty or nolo contendere to a felony  
140 listed in paragraph (d) of this subsection (6), or that any such  
141 conviction or plea was reversed on appeal or a pardon was granted  
142 for the conviction or plea. Before any student may sign such an  
143 affidavit, the student's school shall provide information to the  
144 student explaining what a felony is and the nature of the felonies  
145 listed in paragraph (d) of this subsection (6).

146           However, the health care professional/vocational technical  
147 academic program in which the student is enrolled may require the  
148 student to obtain criminal history record checks. In such  
149 incidences, paragraph (a)(iii)1 and 2 of this subsection (6) does  
150 not preclude the licensing entity from processing submitted  
151 fingerprints of students from healthcare-related



152 professional/vocational technical programs who, as part of their  
153 program of study, conduct observations and provide clinical care  
154 and services in a covered entity.

155 (b) Under regulations promulgated by the State Board of  
156 Health, the licensing agency shall require to be performed a  
157 criminal history record check on (i) every new employee of a  
158 covered entity who provides direct patient care or services and  
159 who is employed on or after July 1, 2003, and (ii) every employee  
160 of a covered entity employed before July 1, 2003, who has a  
161 documented disciplinary action by his or her present employer. In  
162 addition, the licensing agency shall require the covered entity to  
163 perform a disciplinary check with the professional licensing  
164 agency of each employee, if any, to determine if any disciplinary  
165 action has been taken against the employee by that agency.

166 Except as otherwise provided in paragraph (c) of this  
167 subsection (6), no such employee hired on or after July 1, 2003,  
168 shall be permitted to provide direct patient care until the  
169 results of the criminal history record check have revealed no  
170 disqualifying record or the employee has been granted a waiver.  
171 In order to determine the employee applicant's suitability for  
172 employment, the applicant shall be fingerprinted. Fingerprints  
173 shall be submitted to the licensing agency from scanning, with the  
174 results processed through the Department of Public Safety's  
175 Criminal Information Center. The fingerprints shall then be  
176 forwarded by the Department of Public Safety to the Federal Bureau



177 of Investigation for a national criminal history record check.  
178 The licensing agency shall notify the covered entity of the  
179 results of an employee applicant's criminal history record check.  
180 If the criminal history record check discloses a felony  
181 conviction, guilty plea or plea of nolo contendere to a felony of  
182 possession or sale of drugs, murder, manslaughter, armed robbery,  
183 rape, sexual battery, sex offense listed in Section 45-33-23(h),  
184 child abuse, arson, grand larceny, burglary, gratification of lust  
185 or aggravated assault, or felonious abuse and/or battery of a  
186 vulnerable adult that has not been reversed on appeal or for which  
187 a pardon has not been granted, the employee applicant shall not be  
188 eligible to be employed by the covered entity.

189 (c) Any such new employee applicant may, however, be  
190 employed on a temporary basis pending the results of the criminal  
191 history record check, but any employment contract with the new  
192 employee shall be voidable if the new employee receives a  
193 disqualifying criminal history record check and no waiver is  
194 granted as provided in this subsection (6).

195 (d) Under regulations promulgated by the State Board of  
196 Health, the licensing agency shall require every employee of a  
197 covered entity employed before July 1, 2003, to sign an affidavit  
198 stating that he or she has not been convicted of or pleaded guilty  
199 or nolo contendere to a felony of possession or sale of drugs,  
200 murder, manslaughter, armed robbery, rape, sexual battery, any sex  
201 offense listed in Section 45-33-23(h), child abuse, arson, grand





202 larceny, burglary, gratification of lust, aggravated assault, or  
203 felonious abuse and/or battery of a vulnerable adult, or that any  
204 such conviction or plea was reversed on appeal or a pardon was  
205 granted for the conviction or plea. No such employee of a covered  
206 entity hired before July 1, 2003, shall be permitted to provide  
207 direct patient care until the employee has signed the affidavit  
208 required by this paragraph (d). All such existing employees of  
209 covered entities must sign the affidavit required by this  
210 paragraph (d) within six (6) months of the final adoption of the  
211 regulations promulgated by the State Board of Health. If a person  
212 signs the affidavit required by this paragraph (d), and it is  
213 later determined that the person actually had been convicted of or  
214 pleaded guilty or nolo contendere to any of the offenses listed in  
215 this paragraph (d) and the conviction or plea has not been  
216 reversed on appeal or a pardon has not been granted for the  
217 conviction or plea, the person is guilty of perjury. If the  
218 offense that the person was convicted of or pleaded guilty or nolo  
219 contendere to was a violent offense, the person, upon a conviction  
220 of perjury under this paragraph, shall be punished as provided in  
221 Section 97-9-61. If the offense that the person was convicted of  
222 or pleaded guilty or nolo contendere to was a nonviolent offense,  
223 the person, upon a conviction of perjury under this paragraph,  
224 shall be punished by a fine of not more than Five Hundred Dollars  
225 (\$500.00), or by imprisonment in the county jail for not more than  
226 six (6) months, or by both such fine and imprisonment.



227           (e) The covered entity may, in its discretion, allow  
228 any employee who is unable to sign the affidavit required by  
229 paragraph (d) of this subsection (6) or any employee applicant  
230 aggrieved by an employment decision under this subsection (6) to  
231 appear before the covered entity's hiring officer, or his or her  
232 designee, to show mitigating circumstances that may exist and  
233 allow the employee or employee applicant to be employed by the  
234 covered entity. The covered entity, upon report and  
235 recommendation of the hiring officer, may grant waivers for those  
236 mitigating circumstances, which shall include, but not be limited  
237 to: (i) age at which the crime was committed; (ii) circumstances  
238 surrounding the crime; (iii) length of time since the conviction  
239 and criminal history since the conviction; (iv) work history; (v)  
240 current employment and character references; and (vi) other  
241 evidence demonstrating the ability of the individual to perform  
242 the employment responsibilities competently and that the  
243 individual does not pose a threat to the health or safety of the  
244 patients of the covered entity.

245           (f) The licensing agency may charge the covered entity  
246 submitting the fingerprints a fee not to exceed Fifty Dollars  
247 (\$50.00), which covered entity may, in its discretion, charge the  
248 same fee, or a portion thereof, to the employee applicant. Any  
249 increase in the fee charged by the licensing agency under this  
250 paragraph shall be in accordance with the provisions of Section  
251 41-3-65. Any costs incurred by a covered entity implementing this



252 subsection (6) shall be reimbursed as an allowable cost under  
253 Section 43-13-116.

254 (g) If the results of an employee applicant's criminal  
255 history record check reveals no disqualifying event, then the  
256 covered entity shall, within two (2) weeks of the notification of  
257 no disqualifying event, provide the employee applicant with a  
258 notarized letter signed by the chief executive officer of the  
259 covered entity, or his or her authorized designee, confirming the  
260 employee applicant's suitability for employment based on his or  
261 her criminal history record check. An employee applicant may use  
262 that letter for a period of two (2) years from the date of the  
263 letter to seek employment with any covered entity without the  
264 necessity of an additional criminal history record check. Any  
265 covered entity presented with the letter may rely on the letter  
266 with respect to an employee applicant's criminal background and is  
267 not required for a period of two (2) years from the date of the  
268 letter to conduct or have conducted a criminal history record  
269 check as required in this subsection (6).

270 (h) The licensing agency, the covered entity, and their  
271 agents, officers, employees, attorneys and representatives, shall  
272 be presumed to be acting in good faith for any employment decision  
273 or action taken under this subsection (6). The presumption of  
274 good faith may be overcome by a preponderance of the evidence in  
275 any civil action. No licensing agency, covered entity, nor their  
276 agents, officers, employees, attorneys and representatives shall



277 be held liable in any employment decision or action based in whole  
278 or in part on compliance with or attempts to comply with the  
279 requirements of this subsection (6).

280 (i) The licensing agency shall promulgate regulations  
281 to implement this subsection (6).

282 (j) The provisions of this subsection (6) shall not  
283 apply to:

284 (i) Applicants and employees of the University of  
285 Mississippi Medical Center for whom criminal history record checks  
286 and fingerprinting are obtained in accordance with Section  
287 37-115-41; or

288 (ii) Health care professional/vocational technical  
289 students for whom criminal history record checks and  
290 fingerprinting are obtained in accordance with Section 37-29-232.

291 (7) The State Board of Health shall promulgate rules,  
292 regulations and standards regarding the operation of adult foster  
293 care facilities.

294 (8) (a) The purpose of this subsection is to ensure the  
295 health, safety, and welfare of the public by providing for the  
296 accurate, cost-effective, efficient and safe utilization of  
297 medication aides to assist in the administration of medications in  
298 personal care homes-assisted living in the State of Mississippi.

299 (b) As used in this subsection, the following words  
300 shall have the meanings ascribed herein unless the context clearly  
301 requires otherwise:



302                   (i) "Licensed health care professional" means an  
303 individual for whom administration of medication is included in  
304 the scope of practice.

305                   (ii) "MDOH" means the Mississippi Department of  
306 Health.

307                   (iii) "PRN" means an administration scheme in  
308 which a medication is not routine, is taken as needed, and  
309 requires assessment for need and effectiveness.

310                   (c) A medication aide may participate in medication  
311 administration when certified through a Medication Aide  
312 Certification program in accordance with this section and  
313 generally managed by a licensed health care professional at the  
314 personal care homes-assisted living. In each case, the individual  
315 responsible for providing such management and monitoring shall be  
316 identified in writing in the administration records.

317                   (d) A medication aide may provide routine or PRN  
318 medications by the following routes: (i) oral; (ii) inhalation;  
319 (iii) topical; (iv) instillation into the eyes, ears and nasal  
320 sprays; and (v) injections of insulin and injections of prescribed  
321 anaphylactic treatments. Routine medications by allowed routes  
322 shall not include other injectable medications, vaginal  
323 medications and/or rectal medications.

324                   (e) A facility using a medication aide shall keep and  
325 maintain accurate medication administration records. The  
326 medication administration records shall be available to MDOH for



327 inspection and copying for a period not to exceed six (6) months.  
328 MDOH shall adopt rules and regulations to administer the  
329 Medication Aide Certification program. The medication  
330 administration records shall include information and data MDOH  
331 requires by rules and regulations adopted under this section, such  
332 rules and regulations to be adopted within ninety (90) days of the  
333 effective date of this act.

334 (f) (i) The minimum competencies for a medication aide  
335 include:

- 336 1. Maintaining confidentiality;
- 337 2. Complying with a recipient's right to  
338 refuse to take medication;
- 339 3. Maintaining hygiene and current accepted  
340 standards for infection control;
- 341 4. Documenting accurately and completely;
- 342 5. Providing medications appropriately by  
343 prescribed orders;
- 344 6. Having the ability to understand and  
345 follow instructions;
- 346 7. Practicing safety in application of  
347 medication procedures; and
- 348 8. Complying with limitations and conditions  
349 under which a medication aide may provide medications.

350 (ii) The minimum standards for competencies listed  
351 in subparagraph (i) of this paragraph, methods for competency



352 assessment of medication aides and successful completion of  
353 medication aid certification training shall be as set forth in  
354 this section. This training and competency can be achieved by the  
355 successful completion of a Medication Aide Certification program.

356 (iii) A Medication Aide Certification program  
357 shall be a minimum of a fifteen-hour training program on the  
358 competencies listed in subparagraph (i) of this paragraph and the  
359 standards adopted by the MDOH and may be offered in one (1) of two  
360 (2) ways:

- 361 1. By technical or community colleges; or  
362 2. By a Licensed Healthcare Professional  
363 employed at a personal care home-assisted living or through a  
364 contractual arrangement with a Licensed Healthcare Professional to  
365 administer the program within the personal care home-assisted  
366 living.

367 (g) Regardless of the forum, all Medication Aide  
368 Certification programs shall meet the program standards and  
369 curriculum standards enumerated herein. Competency assessment  
370 shall include passing an examination. Such examination shall be  
371 administered after completion of the program by the college or by  
372 the Licensed Healthcare Professional as set forth above. Upon  
373 obtaining a passing grade, the attending approved instructor shall  
374 certify the passing grade and completion of the program and submit  
375 the necessary information to MDOH. Upon confirmation of the  
376 completion of the program and receipt of the application as



377 required in paragraph (o) below, MDOH shall award a certificate  
378 within thirty (30) days of such submittal date.

379 (h) The length of the Medication Aide Certification  
380 program, including practicum experience and supervised medication  
381 passes, shall not be less than fifteen (15) hours. Approved  
382 instructors for Medication Aide Certification programs may  
383 include:

384 (i) Registered Nurses (RNs);

385 (ii) Licensed Practical Nurses (LPNs) who have at  
386 least two (2) years of nursing experience;

387 (iii) Licensed Pharmacists; or

388 (iv) Licensed Physicians.

389 (i) To maintain certification, each Certified  
390 Medication Aide shall be required to complete a biannual  
391 continuing education program on the provision of medication. The  
392 continuing education program shall be no less than two (2) hours  
393 in duration. The program may be administered by: (i) an approved  
394 instructor as defined herein; or (ii) online continuing education  
395 used by RNs, physical therapists and similar healthcare  
396 professionals. Such online continuing education shall have the  
397 ability to file completion certificates with the MDOH.

398 (j) Each facility operator utilizing Certified  
399 Medication Aides shall have a written policy governing the  
400 provision of medications by Certified Medication Aides. The  
401 policy shall specify activities that will be performed by





402 Certified Medication Aides; the process to review, monitor and  
403 oversee the work of the Certified Medication Aides; the frequency  
404 of the activities to be performed; and by whom. Assisted living  
405 facilities shall disclose to its residents and their families that  
406 the facility employs and uses medication aides and maintain the  
407 following records:

408 (i) A roster of all Certified Medication Aides  
409 employed; and

410 (ii) Copies of Certified Medication Aide  
411 certificates with date of award, including evidence of renewals  
412 and continuing education attendance.

413 (k) Curriculum standards for the medication aid  
414 certification program shall integrate instruction that establishes  
415 a knowledge base with practicum experience that the student  
416 receives at a simulated (or real) treatment setting, along with  
417 the supervised medication passes that occur.

418 (l) The program instruction shall include general  
419 information relevant to the provision of medication. Topics will  
420 include relevant state and federal laws and regulations,  
421 terminology, forms of medication, routes of administration,  
422 abbreviations/symbols, documentation guidelines and medication  
423 references. The program instruction shall focus on the role and  
424 scope of practice of the medication aide, as well as what is not  
425 within their scope of practice.



426           (m) Practicum experience. This portion of the  
427 curriculum will utilize physical facilities that reasonably  
428 simulate a health care setting (or utilize an actual health care  
429 setting) and the types of medication dispensing systems used by  
430 the personal care homes-assisted living facilities in which the  
431 applicant(s) will be employed. The approved instructor will  
432 design exercises for skill demonstration that simulate the various  
433 aspects of safe and effective medication provision and  
434 documentation thereof.

435           (n) Supervised medication passes. When instruction and  
436 practicum experiences have been successfully completed, each  
437 student will be required to demonstrate their competency by  
438 successfully completing three (3) medication passes supervised by  
439 an approved instructor, including medication setup, delivery and  
440 documentation. The student must complete the medication passes  
441 independently without verbal and nonverbal prompts or manual  
442 assistance. An approved instructor may authorize an LPN who may  
443 not satisfy the requirements of an approved instructor to oversee  
444 1:1 supervised medication passes. The approval must be in writing  
445 and verify that the LPN is capable of supervising the medication  
446 pass.

447           (o) (a) To register as a medication aide, an  
448 individual shall:

449                   (i) Have successfully completed the certification  
450 requirements in this section;



451 (ii) Be at least eighteen (18) years of age;  
452 (iii) File an application with MDOH; and  
453 (iv) Pay the applicable fee, not to exceed Twenty  
454 Five Dollars (\$25.00).

455 (p) Registration as a medication aide shall be renewed  
456 every two (2) years based upon competency. The MDOH may prescribe  
457 by rule and regulation how a medication aide can show competency  
458 for purposes of renewal, including, but not limited to, showing  
459 evidence of completion of continuing educational requirements as  
460 set forth in this section. Payment of the applicable renewal fee  
461 shall be a condition of renewal, such fee not to exceed Ten  
462 Dollars (\$10.00).

463 (q) A registered nurse or licensed practical nurse  
464 whose license has been revoked, suspended or voluntarily  
465 surrendered in lieu of discipline may not register as a medication  
466 aide.

467 (r) An applicant or medication aide shall report to  
468 MDOH, in writing, any conviction for a felony. A conviction is  
469 not a disqualification for registration or renewal unless it  
470 relates to the competencies identified in this section or it  
471 reflects on the moral character of the applicant or medication  
472 aide.

473 (s) An applicant or medication aide may report any  
474 pardon or setting aside of a conviction to the department. If a  
475 pardon or setting aside has been obtained, the conviction for



476 which it was obtained shall not be maintained on the Medication  
477 Aide Registry.

478 (t) If a person registered as a medication aide on the  
479 Medication Aide Registry becomes licensed as a registered nurse or  
480 licensed practical nurse, his or her registration as a medication  
481 aide becomes null and void as of the date of licensure.

482 (u) The department shall list each medication aide  
483 registration in the Medication Aide Registry. A listing in the  
484 registry shall be valid for the term of the registration and upon  
485 renewal unless such aide is refused renewal or is removed as  
486 provided in this section.

487 (v) The registry shall contain the following  
488 information on each registrant: (i) the individual's full name;  
489 (ii) information necessary to identify individuals qualified to  
490 provide medications in personal care homes-assisted living; (iii)  
491 any conviction of a felony reported to the department; (iv)  
492 listing of evidence of continuing education received from a  
493 personal care home-assisted living; and (v) other information as  
494 the department may require by rule and regulation.

495 (w) The department may deny registration or refuse  
496 renewal of or remove a registration from the Medication Aide  
497 Registry for failure to meet the standards and competencies or for  
498 violation of this section.

499 (x) If the department proposes to deny, refuse renewal  
500 of or remove a registration, it shall send the applicant or



501 registrant a notice setting forth the action to be taken and the  
502 reasons for the determination. The denial, refusal to renew or  
503 removal shall become final thirty (30) days after mailing the  
504 notice unless the applicant or registrant gives written notice to  
505 the department of his or her desire for an informal conference or  
506 for a formal hearing.

507 (y) Notice may be served by any method specified in  
508 law.

509 (z) If an informal conference is requested, the MDOH  
510 shall assign a representative of the department to hold an  
511 informal conference with the applicant or registrant within  
512 fifteen (15) working days after receipt of a request. Within  
513 seven (7) working days after the conclusion of such conference,  
514 the representative shall affirm, modify or dismiss the action.  
515 The representative shall state in writing the specific reasons for  
516 affirming, modifying, or dismissing the action and shall  
517 immediately transmit copies of the statement to the department and  
518 to the applicant or the registrant. If the representative affirms  
519 or modifies the action, it shall become final unless the applicant  
520 or registrant, within ten (10) working days after receipt of the  
521 written notice, requests in writing a formal hearing to contest  
522 the action.

523 (aa) Except as provided by this subsection, an  
524 applicant or registrant who desires to contest an action or to  
525 further contest an affirmed or modified action may do so by filing



526 a notice of appeal to the department. The Executive Director of  
527 the Mississippi Department of Health shall be the decision-maker  
528 in a contested case under this subsection. The hearings on a  
529 petition for judicial review of any final decision regarding an  
530 action for an alleged violation shall be set for hearing at the  
531 earliest possible date. The times for pleadings and hearings in  
532 such action shall be set by the judge of the court with the object  
533 of securing a decision at the earliest possible time.

534 (bb) A person whose registration has been denied,  
535 refused renewal or removed from the Medication Aide Registry may  
536 reapply for registration or for lifting of the disciplinary  
537 sanction at any time after one (1) year has elapsed since the date  
538 such registration was denied, refused renewal, or removed from the  
539 registry, in accordance with the rules and regulations

540 **SECTION 2.** This act shall take effect and be in force from  
541 and after July 1, 2023.

