

By: Representative Creekmore IV

To: Public Health and Human
Services; Accountability,
Efficiency, TransparencyCOMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1437

1 AN ACT TO AMEND SECTIONS 73-25-1, 73-25-3, 73-25-5, 73-25-14,
2 73-25-17, 73-25-21, 73-25-23, 73-25-27, 73-25-28, 73-25-29,
3 73-25-30, 73-25-31, 73-25-32, 73-25-33, 73-25-34, 73-25-53,
4 73-25-55, 73-25-57, 73-25-59, 73-25-61, 73-25-63, 73-25-65,
5 73-25-83, 73-25-87, 73-25-89 AND 73-25-18, MISSISSIPPI CODE OF 1972,
6 TO REVISE CERTAIN DEFINITIONS UNDER THE MEDICAL PRACTICE ACT; TO
7 IDENTIFY INDIVIDUALS TO WHOM THE MEDICAL PRACTICE ACT DOES NOT
8 APPLY; TO CLARIFY CERTAIN PROCEDURES TO OBTAIN A LICENSE TO PRACTICE
9 MEDICINE; TO PROVIDE FOR ELECTRONIC NOTICE OF LICENSE RENEWAL; TO
10 PROVIDE PROCEDURES FOR PHYSICIANS TO REQUEST RETIRED STATUS; TO
11 CLARIFY PROCEDURES FOR THE ISSUANCE OF A TEMPORARY LICENSE TO
12 PRACTICE MEDICINE; TO CLARIFY PROCEDURES FOR ISSUANCE OF A LICENSE
13 BY RECIPROCITY; TO REVISE CERTAIN PROCEDURES FOR DISCIPLINARY ACTION
14 AGAINST LICENSES, THE ISSUANCE OF SUBPOENAS BY THE BOARD OF MEDICAL
15 LICENSURE, THE GROUNDS FOR DISCIPLINARY ACTION, THE OPTIONS
16 AVAILABLE TO THE BOARD FOLLOWING DISCIPLINARY HEARINGS AGAINST
17 LICENSEES, AND PETITIONS FOR REINSTATEMENT OF LICENSES; TO CLARIFY
18 THE ACTION OF THE UNLAWFUL PRACTICE OF MEDICINE AND THE AUTHORITY OF
19 THE BOARD TO SEEK INJUNCTIVE RELIEF; TO DELETE A CERTAIN EXCEPTION
20 TO LICENSURE; TO INCLUDE BEHAVIORAL CONDUCT THAT COULD BE ADDRESSED
21 BY TREATMENT TO THE LIST OF REASONS A LICENSEE SHALL BE SUBJECT TO
22 RESTRICTION OF THEIR LICENSE; TO CLARIFY CERTAIN PROCEDURES UNDER
23 THE DISABLED PHYSICIAN LAW; TO REVISE DISCIPLINARY ACTION THAT THE
24 BOARD IS AUTHORIZED TO TAKE, INCLUDING PLACING A LICENSEE ON
25 PROBATION OR IMPOSING A PUNITIVE FINE; TO PROVIDE THAT A HEARING
26 MUST BE HELD WITHIN 30 DAYS IF THE BOARD DETERMINES THAT A
27 PHYSICIAN'S CONTINUATION OF PRACTICE IS AN IMMEDIATE DANGER; TO
28 EXCLUDE INDIVIDUALS ENGAGED SOLELY IN THE PRACTICE OF MIDWIFERY FROM
29 THE CHAPTER; TO CREATE NEW SECTION 73-43-19, MISSISSIPPI CODE OF
30 1972, TO REQUIRE THE MISSISSIPPI PHYSICIAN HEALTH PROGRAM TO PROVIDE
31 PERFORMANCE STATISTICS TO THE STATE BOARD OF MEDICAL LICENSURE; TO
32 AMEND SECTION 73-43-3, MISSISSIPPI CODE OF 1972, TO PROVIDE FOR
33 ADDITIONAL MEMBERS OF THE BOARD WHO SHALL BE MEMBERS OF THE PUBLIC
34 NOT RELATED TO THE HEALTH CARE INDUSTRY; TO REPEAL SECTIONS 73-25-7,



73-25-9, 73-25-15, 73-25-19, 73-25-25, 73-25-39 AND 73-25-81,
MISSISSIPPI CODE OF 1972, WHICH REQUIRE THE STATE BOARD OF MEDICAL
LICENSURE TO MEET AT THE CAPITOL AT LEAST ONCE EACH YEAR FOR THE
PURPOSE OF EXAMINING APPLICANTS; PROVIDE FOR THE FEE CHARGED BY THE
BOARD TO APPLY FOR A LICENSE TO PRACTICE; PROVIDE FOR THE PROCEDURES
FOR LOST MEDICAL LICENSES; PROVIDE FOR CERTAIN PROVISIONS RELATED TO
NONRESIDENT PHYSICIANS; PROVIDE FOR CERTAIN PROCEDURES FOR THOSE
DESIRING TO PRACTICE OSTEOPATHIC MEDICINE IN THE STATE; ALLOW THE
BOARD TO CONTRACT FOR THE ACQUISITION OF BOOKS AND OTHER RECORDS;
AND PROVIDE A TECHNICAL REFERENCE TO THE BOARD; TO AMEND SECTION
99-19-35, MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PRECEDING
PROVISIONS; TO BRING FORWARD SECTIONS 73-15-3, 73-15-9, 73-15-29
AND 41-21-131, MISSISSIPPI CODE OF 1972, WHICH RELATE TO THE
PRACTICE OF NURSING, FOR THE PURPOSE OF POSSIBLE AMENDMENT; TO
AMEND SECTIONS 73-15-5 AND 73-15-20, MISSISSIPPI CODE OF 1972, TO
PROVIDE THAT CERTIFIED REGISTERED NURSE ANESTHETISTS WHO HAVE
COMPLETED NOT LESS THAN 8,000 CLINICAL PRACTICE HOURS ARE EXEMPT
FROM MAINTAINING A COLLABORATIVE/CONSULTATIVE RELATIONSHIP WITH A
LICENSED PHYSICIAN OR DENTIST; TO PROVIDE THAT CERTIFIED
REGISTERED NURSE ANESTHETISTS MAY APPLY HOURS WORKED BEFORE THE
EFFECTIVE DATE OF THIS ACT TO FULFILL THE CLINICAL PRACTICE HOUR
REQUIREMENT; TO PROVIDE FOR THE LICENSURE AND REGULATION OF
ANESTHESIOLOGIST ASSISTANTS BY THE STATE BOARD OF MEDICAL
LICENSURE; TO DEFINE CERTAIN TERMS; TO PROVIDE THAT THE BOARD
SHALL REVIEW AND DETERMINE THE QUALIFICATIONS OF PERSONS APPLYING
FOR A LICENSE TO PRACTICE AS AN ANESTHESIOLOGIST ASSISTANT; TO
PROVIDE THE POWERS OF THE BOARD REGARDING LICENSURE OF
ANESTHESIOLOGIST ASSISTANTS AND PRESCRIBE THE QUALIFICATIONS FOR
LICENSURE; TO AUTHORIZE THE BOARD TO ISSUE TEMPORARY LICENSES; TO
PROVIDE THAT ANESTHESIOLOGIST ASSISTANTS MAY ASSIST IN THE
PRACTICE OF MEDICINE ONLY UNDER THE SUPERVISION OF AN
ANESTHESIOLOGIST; TO PROVIDE THAT ANESTHESIOLOGIST ASSISTANTS MAY
PERFORM ONLY THOSE DUTIES DELEGATED TO THEM BY A SUPERVISING
ANESTHESIOLOGIST; TO PROVIDE THAT A SUPERVISING ANESTHESIOLOGIST
SHALL DELEGATE TO AN ANESTHESIOLOGIST ASSISTANT ANY DUTIES
REQUIRED TO DEVELOP AND IMPLEMENT A COMPREHENSIVE ANESTHESIA CARE
PLAN FOR A PATIENT; TO AUTHORIZE THE BOARD TO REVOKE LICENSES AND
TAKE OTHER DISCIPLINARY ACTION AGAINST LICENSEES AND TO REINSTATE
LICENSES AFTER REVOCATION; TO PROHIBIT PRACTICING AS AN
ANESTHESIOLOGIST ASSISTANT WITHOUT A LICENSE, AND PROVIDE A
CRIMINAL PENALTY FOR PERSONS CONVICTED OF UNAUTHORIZED PRACTICE;
AND FOR RELATED PURPOSES.

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

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

73-25-1. (1) For the purposes of this chapter:



81 (a) "Practice of medicine" or "practice medicine" means
82 the practice of allopathic and osteopathic medicine; however,
83 nothing in this chapter shall apply to individuals engaged solely
84 in the practice of midwifery;

85 (b) "Physician" means a medical doctor or a doctor of
86 osteopathic medicine; and

87 (c) "Board" means the State Board of Medical Licensure.

88 (2) Every person who desires to practice medicine must first
89 obtain a license to do so from the State Board of Medical
90 Licensure, but this section shall not apply to physicians now
91 holding permanent license, the same having been recorded as
92 required by law.

93 (3) This chapter shall not apply to the following
94 individuals:

95 (a) Students while engaged in training in a medical
96 school approved or recognized by the board, unless the board
97 licenses the student;

98 (b) Persons who are providing services in cases of
99 emergency where no fee or other consideration is contemplated,
100 charged or received by the physician or anyone on behalf of the
101 physician;

102 (c) Commissioned medical officers of the Armed Forces
103 of the United States, medical officers of the United States Public
104 Health Service or medical officers of the United States Department



of Veterans Affairs in the discharge of their official duties
within federally controlled facilities, subject to the following:

(i) Such persons who hold medical licenses in the
state shall be subject to the provisions of this chapter;

(ii) Such persons must be fully licensed to
practice medicine in one or more jurisdictions of the United
States; and

(iii) Such a military physician shall be subject
to the Military Health System Clinical Quality Assurance (CQA)
Program, 10 USC Section 1094 and DoD Instruction 6025.13.

(d) Persons who are practicing dentistry, nursing,
optometry, podiatry, psychology, as a chiropractor, as a
veterinarian, as a physician assistant or practicing any other of
the healing arts in accordance with and as provided by the laws of
the state and within their respective scope of practice;

(e) Persons who are practicing the tenants of a
religion or ministering religious-based medical procedure or
ministering to the sick or suffering by mental or spiritual means
in accordance with such tenants;

(f) A person who is administering a lawful domestic or
family remedy to a member of his or her own family;

(g) Persons who are fully licensed to practice medicine
in another jurisdiction of the United States who briefly render
emergency medical treatment or briefly provide critical medical
service at the specific lawful direction of a medical institution



or a federal agency that assumes full responsibility for the treatment or service and is approved by the state medical board; and

(h) Athletic team physicians as defined by Sections 73-25-121 through 73-25-127; and

(i) Persons who are engaged solely in the practice of midwifery.

(4) For the purpose of this chapter, the practice of medicine is determined to occur where the patient is located in order that the full resources of the state are available for the protection of that patient.

SECTION 2. Section 73-25-3, Mississippi Code of 1972, is amended as follows:

73-25-3. Every person who desires to obtain a license to practice medicine must apply therefor, in writing, to the State Board of Medical Licensure * * *. If the applicant is found by the board, upon examination, to possess sufficient * * * qualifications, the board shall issue * * * the applicant a license to practice medicine; however, no applicant shall be granted a license unless the applicant holds a diploma from a * * * medical college or college of osteopathic medicine * * * listed in the World Directory of Medical Schools or its successor, or by an equivalent board-approved directory or entity.

To qualify for a Mississippi medical license, an applicant must have successfully been cleared for licensure through an



155 investigation that shall consist of a determination as to good
156 moral character and verification that the prospective licensee is
157 not guilty of or in violation of any statutory ground for denial
158 of licensure as set forth in Sections 73-25-29 and 73-25-83. To
159 assist the board in conducting its licensure investigation, all
160 applicants shall undergo a fingerprint-based criminal history
161 records check of the Mississippi central criminal database and the
162 Federal Bureau of Investigation criminal history database. Each
163 applicant shall submit a full set of the applicant's fingerprints
164 in a form and manner prescribed by the board, which shall be
165 forwarded to the Mississippi Department of Public Safety
166 (department) and the Federal Bureau of Investigation
167 Identification Division for this purpose.

168 Any and all state or national criminal history records
169 information obtained by the board that is not already a matter of
170 public record shall be deemed nonpublic and confidential
171 information restricted to the exclusive use of the board, its
172 members, officers, investigators, agents and attorneys in
173 evaluating the applicant's eligibility or disqualification for
174 licensure, and shall be exempt from the Mississippi Public Records
175 Act of 1983. Except when introduced into evidence in a hearing
176 before the board to determine licensure, no such information or
177 records related thereto shall, except with the written consent of
178 the applicant or by order of a court of competent jurisdiction, be



released or otherwise disclosed by the board to any other person or agency.

The board shall * * * require a form signed by the applicant consenting to the check of the criminal records and to the use of the fingerprints or other biometrics, and any other identifying information required by the state or national repositories.

The board shall charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant.

This section shall not apply to applicants for a special volunteer medical license authorized under Section 73-25-18.

SECTION 3. Section 73-25-5, Mississippi Code of 1972, is amended as follows:

73-25-5. The application for license must include such information as the State Board of Medical Licensure shall require.

Each application or filing made under this section shall include the active and valid social security number(s) of the applicant in accordance with Section 93-11-64.

SECTION 4. Section 73-25-14, Mississippi Code of 1972, is amended as follows:

73-25-14. (1) Except as provided in Section 33-1-39, the license of every person licensed to practice medicine or osteopathy in the State of Mississippi shall be renewed annually.



On or before May 1 of each year, the State Board of Medical Licensure shall mail or electronically transmit a notice of renewal of license to every physician or osteopath to whom a license was issued or renewed during the current licensing year. The notice shall provide instructions for obtaining and submitting applications for renewal. The * * * board * * * is authorized to make applications for renewal available via electronic means. The applicant shall obtain and complete the application and submit it to the board in the manner prescribed by the board in the notice before June 30 with the renewal fee of an amount established by the board, but not to exceed Three Hundred Dollars (\$300.00) * * *. A portion of * * * the fee shall be used to support a program to aid impaired * * * licensees. * * * Upon receipt of the application and fee, the board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year. That renewal shall render the holder thereof a legal practitioner as stated on the renewal form.

(2) * * * Any physician practicing in the State of Mississippi whose license has lapsed may petition the board for reinstatement of his or her license on a retroactive basis, if the physician was unable to meet the June 30 deadline due to extraordinary or other legitimate reasons, and retroactive



reinstatement of licensure shall be granted or may be denied by
the board only for good cause.

(3) * * * A physician who wishes to retain his or her
license but not actively practice medicine may request "retired
status" for the license by submitting the proper paperwork as
prescribed by the board with the renewal fee. A physician holding
a retired status medical license is exempt from license renewal
and from continuing medical education requirements. A licensed
retired status physician shall not practice medicine unless the
licensee applies for and is granted reinstatement and pays the
reinstatement fee as determined by the board.

(4) Any physician or osteopath who allows his or her license
to lapse shall be notified by the board within thirty (30) days of
that lapse.

* * *

SECTION 5. Section 73-25-17, Mississippi Code of 1972, is
amended as follows:

73-25-17. (1) * * * The executive officer of the * * *
board * * * may issue * * * a temporary license to practice
medicine * * * in compliance with the rules and regulations of the
board, provided that such license shall not exceed fourteen (14)
days for a physician who does not plan to study or practice in the
state permanently. The executive director may issue a temporary
license to practice medicine for up to one (1) year if the
applicant is a person in an internship, residency or fellowship



program created through the Office of Mississippi Physician
Workforce or accredited through the Accreditation Council for
Graduate Medical Education. * * * Any extension may only be
granted by the executive committee. The temporary license of a
person enrolled in any * * * Accreditation Council for Graduate
Medical Education (ACGME), residency or fellowship program within
the state, * * * may be renewed annually for the duration of the
internship, residency or fellowship program for a period not to
exceed * * * eight (8) years, except when in combination with a
Ph.D. program.

(2) The State Board of Medical Licensure may issue a
temporary license to practice medicine at a youth camp licensed by
the State Board of Health to nonresident physicians and retired
resident physicians under the provisions of Section 75-74-8.

* * *

SECTION 6. Section 73-25-18, Mississippi Code of 1972, is
amended as follows:

73-25-18. (1) (a) There is established a special volunteer
medical license for physicians who are retired from active
practice, or are currently serving on active duty in the Armed
Forces of the United States or in the National Guard or a reserve
component of the Armed Forces of the United States, or are working
as physicians for the Department of Veterans Affairs, and wish to
donate their expertise for the medical care and treatment of
indigent and needy persons or persons in medically underserved



277 areas of the state. The special volunteer medical license shall
278 be issued by the State Board of Medical Licensure to eligible
279 physicians without the payment of any application fee, examination
280 fee, license fee or renewal fee, shall be issued for a fiscal year
281 or part thereof, and shall be renewable annually upon approval of
282 the board.

283 (b) A physician must meet the following requirements to
284 be eligible for a special volunteer medical license:

285 (i) Completion of a special volunteer medical
286 license application, including documentation of the physician's
287 medical school or osteopathic school graduation and practice
288 history;

289 (ii) Documentation that the physician * * *
290 otherwise qualifies for an unrestricted license to practice
291 medicine in Mississippi or in another state of the United States
292 and that he or she has never been the subject of any medical
293 disciplinary action in any jurisdiction;

294 (iii) Acknowledgement and documentation that the
295 physician's practice under the special volunteer medical license
296 will be exclusively and totally devoted to providing medical care
297 to needy and indigent persons in Mississippi or persons in
298 medically underserved areas in Mississippi; and

299 (iv) Acknowledgement and documentation that the
300 physician will not receive any payment or compensation, either
301 direct or indirect, or have the expectation of any payment or



302 compensation, for any medical services rendered under the special
303 volunteer medical license.

304 (2) (a) There is established a special volunteer license
305 for physician assistants who are retired from active practice, or
306 are currently serving on active duty in the Armed Forces of the
307 United States or in the National Guard or a reserve component of
308 the Armed Forces of the United States, or are working as physician
309 assistants for the Department of Veterans Affairs, and wish to
310 donate their expertise for the care and treatment of indigent and
311 needy persons or persons in medically underserved areas of the
312 state. The special volunteer physician assistant license shall be
313 issued by the State Board of Medical Licensure to eligible
314 physician assistants without the payment of any application fee,
315 examination fee, license fee or renewal fee, shall be issued for a
316 fiscal year or part thereof, and shall be renewable annually upon
317 approval of the board.

318 (b) A physician assistant must meet the following
319 requirements to be eligible for a special volunteer physician
320 assistant license:

321 (i) Completion of an application for a special
322 volunteer physician assistant license, including documentation of
323 the physician assistant's educational qualifications and practice
324 history;

325 (ii) Documentation that the physician
326 assistant * * * otherwise qualifies for an unrestricted physician



assistant license in Mississippi or in another state of the United States and that he or she has never been the subject of any disciplinary action in any jurisdiction;

(iii) Acknowledgement and documentation that the physician assistant's practice under the special volunteer physician assistant license will be exclusively and totally devoted to providing care to needy and indigent persons in Mississippi or persons in medically underserved areas in Mississippi; and

(iv) Acknowledgement and documentation that the physician assistant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any services rendered under the special volunteer physician assistant license.

SECTION 7. Section 73-25-21, Mississippi Code of 1972, is amended as follows:

73-25-21. * * * The issuance of a license by reciprocity to a military-trained applicant, military spouse or person who establishes residence in this state shall be subject to the provisions of Section 73-50-1 or 73-50-2, as applicable.

SECTION 8. Section 73-25-23, Mississippi Code of 1972, is amended as follows:

73-25-23. The State Board of Medical Licensure is * * * authorized and empowered to grant limited institutional license for the practice of medicine in state institutions to graduates of



foreign medical colleges approved by the National Educational Council for Foreign Medical Graduates or its successor, subject to the conditions as set out herein.

Any graduate of a foreign medical college approved by the organizations specified in the foregoing paragraph who is employed or is being considered for employment to practice medicine in one or more Mississippi state-supported institution(s) located in the same county shall make application for license to the * * * board * * *. The application shall be made on a form prescribed by the board * * * as required by laws of the State of Mississippi. The application shall also state the institution or institutions in which the applicant has assurance of employment. The * * * board * * * is * * * authorized to establish minimum standards of qualifications including moral, experience and proficiency for such applicants. * * * Upon review of the application, and upon the satisfaction of all requirements set forth by the board, the board may issue a limited institutional license to practice medicine.

* * *

Such license shall be for one (1) year and shall be in such form as the * * * board * * * prescribes, and shall be issued for practice in a particular institution and shall not be endorsable to another state. The license must be renewed annually, after such review as the * * * board * * * considers necessary. A graduate of a foreign medical school so licensed may hold such



limited institutional license no longer than * * * eight (8)
years. * * * In addition, the * * * board * * *, in its
discretion, may waive the * * * eight-year limitation on limited
institutional licenses for any graduate of a foreign medical
school who holds such license.

It is the intent of this section to enable Mississippi
institutions to utilize the services of qualified graduates of
foreign medical colleges during the period necessary for them to
secure citizenship papers, and to meet other requirements for a
regular license, including Educational Council for Foreign Medical
Graduates certification. The * * * board * * * is * * *
authorized, in its discretion, to refuse to renew, or to revoke
such limited license if the holder of such license * * * fails to
apply for a regular license.

The * * * board * * * may establish reasonable and uniform
license fees and shall make such rules and regulations as it
considers necessary to carry out the purposes of this section.

* * *

SECTION 9. Section 73-25-27, Mississippi Code of 1972, is
amended as follows:

73-25-27. * * * With respect to any licensee of the State
Board of Medical Licensure, after notice and opportunity for a
hearing to such licensee, the board may take one or more of the
actions authorized in Section 73-25-87 for any of the grounds
enumerated in Section 73-25-29. The procedure for suspension of a



license for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by Section 93-11-157 or 93-11-163, as the case may be. If there is any conflict between any provision of Section 93-11-157 or 93-11-163 and any provision of this chapter, the provisions of Section 93-11-157 or 93-11-163, as the case may be, shall control.

The notice shall be effected by * * * certified mail or personal service setting forth the particular reasons for the proposed action and fixing a date not less than thirty (30) days * * * from the date of the mailing or the service, at which time the * * * licensee shall be given an opportunity for a prompt and fair hearing. For the purpose of the hearing the board, acting by and through its executive office, may subpoena persons and papers on its own behalf and on behalf of the * * * licensee, including records obtained under Section 73-25-28 and Section 73-25-83(c), may administer oaths and the testimony when properly transcribed, together with the papers and exhibits, shall be admissible in evidence for or against the * * * licensee. At the hearing the * * * licensee may appear by counsel and personally in his or her own behalf. Any person sworn and examined as a witness in the hearing shall not be held to answer criminally, nor shall any papers or documents produced by the witness be competent



evidence in any criminal proceedings against the witness other than for perjury in delivering his or her evidence. The board or its designee, in the conduct of any hearing, shall not be bound by strict laws or rules of evidence. The board may adopt rules and discovery and procedure governing all proceedings before it. On the basis of any such hearing, or upon default of the * * * licensee, the board shall make a determination specifying its findings of fact and conclusions of law. The board shall make its determination based upon a preponderance of the evidence.

A copy of the determination shall be sent by * * * certified mail or served personally upon the * * * licensee. * * *

For the purpose of conducting investigations, the board, through its executive director, may issue subpoenas to any individual * * * or other entity having in its possession papers, documents, medical charts, prescriptions or any other nonfinancial records. Any such subpoenas issued by the executive director shall be made pursuant to an order of the board entered on its minutes, determined on a case-by-case basis. Investigatory subpoenas, as provided in this section, may be served either by personal process or by * * * certified mail, and upon service shall command production of the papers and documents to the board at the time and place so specified. The board shall be entitled to the assistance of the chancery court or the chancellor in vacation, which, on petition by the board, shall issue ancillary



subpoenas and petitions and may punish as for contempt of court in the event of noncompliance with the subpoenas or petitions.

For the purpose of conducting hearings, the board through its executive director may subpoena persons and papers on its own behalf and on behalf of the respondent, including records obtained under Section 73-25-28 and Section 73-25-83(c), may administer oaths, and may compel the testimony of witnesses. Any such subpoenas issued by the executive director shall be made pursuant to an order of the board entered on its minutes, determined on a case-by-case basis. It may issue subpoenas to take testimony at hearings, and testimony so taken and sworn to shall be admissible in evidence for and against the respondent. No depositions shall be taken in preparation for matters to be heard by the board. The board shall be entitled to the assistance of the chancery court or the chancellor in vacation, which, on petition by the board, shall issue ancillary subpoenas and petitions and may punish as for contempt of court in the event of noncompliance with the subpoenas or petitions.

Unless the court otherwise decrees, a license that has been suspended by the board * * * shall become again valid if and when the board so orders, which it may do on its own motion or on the petition of the respondent. A license that has been revoked shall not be restored to validity except: (1) by order of the board based on petition for reinstatement filed under Section 73-25-32 or (2) by order of the chancery court or Supreme Court following



476 appeal. * * * Nothing in this chapter shall be construed as
477 limiting or revoking the authority of any court or of any
478 licensing or registering officer or board, other than the State
479 Board of Medical Licensure, to suspend, revoke and reinstate
480 licenses and to cancel registrations under the provisions of
481 Section 41-29-311.

482 **SECTION 10.** Section 73-25-28, Mississippi Code of 1972, is
483 amended as follows:

484 73-25-28. (1) In any case in which disciplinary action
485 against a * * * licensee is being considered by the State Board of
486 Medical Licensure, the executive * * * director of the board, or
487 its investigators * * *, upon reasonable cause as defined below,
488 may enter, at a time convenient to all parties, any hospital,
489 clinic, surgical center, office of a * * * licensee or emergency
490 care facility to inspect and copy patient records, charts,
491 emergency room records or any other document * * * that would
492 assist the board in its investigation of a * * * licensee.
493 Reasonable cause shall be demonstrated by allegations of
494 violations of state law or the Administrative Code, including one
495 or more of the following: (a) a single incident of gross
496 negligence; (b) a pattern of inappropriate prescribing of
497 controlled substances; (c) an act of incompetence or negligence
498 causing death or serious bodily injury; (d) a pattern of
499 substandard medical care; (e) a pattern of unnecessary surgery or
500 unindicated medical procedures; (f) disciplinary action taken



501 against a physician or podiatrist by a licensed hospital or by the
502 medical staff of the hospital; (g) voluntary termination by a
503 physician or podiatrist of staff privileges or having restrictions
504 placed thereon; or (h) habitual personal use of narcotic drugs or
505 other drugs having addiction-forming or addiction-sustaining
506 liability, or the habitual personal use of intoxicating liquors or
507 alcoholic beverages, to an extent which affects professional
508 competency. Whether reasonable cause exists shall be determined
509 by the executive * * * director and/or executive committee of the
510 board, and documentation of that determination shall be provided
511 to the hospital, clinic, office or emergency care facility before
512 entry for inspection and copying hereunder.

513 (2) A certified copy of any record inspected or copied
514 pursuant to subsection (1) shall be subject to subpoena by the
515 board to be used as evidence before it in a licensure disciplinary
516 proceeding initiated pursuant to the provisions of Sections
517 73-25-1 through 73-25-39, 73-25-51 through 73-25-67, 73-25-81
518 through 73-25-95 and 73-27-1 through 73-27-19, * * *. All
519 references to a patient's name and address or other information
520 which would identify the patient shall be deleted from the records
521 unless a waiver of the medical privilege is obtained from the
522 patient.

523 (3) All records of the investigation and all patient charts,
524 records, emergency room records or any other document that may
525 have been copied shall be kept confidential and shall not be



subject to discovery or subpoena. If no disciplinary proceedings are initiated within a period of five (5) years after the determination of insufficient cause, then the board shall destroy all records obtained pursuant to this section.

(4) Notwithstanding any right to privacy, confidentiality, privilege or exemption from public access conferred by this section, Section 73-52-1, or otherwise by statute or at law, the board shall provide to any hospital, as defined in Section 41-9-3, any and all information it may have concerning any physician who has applied for a license, other than information contained in records exempt from the provisions of the Mississippi Public Records Act of 1983 pursuant to Sections 45-29-1 and 45-29-3, * * * upon receipt by the board of a written request from the hospital for such information and documentation that the physician has applied for appointment or reappointment to the medical staff of the hospital or staff privileges at the hospital. The board, any member of the board, and its agents or employees, acting without malice in providing the documents or information hereunder, shall be immune from civil or criminal liability.

SECTION 11. Section 73-25-29, Mississippi Code of 1972, is amended as follows:

73-25-29. The grounds for the nonissuance, suspension, revocation or restriction of a license or the denial of reinstatement or renewal of a license are:



550 (1) Habitual personal use of narcotic drugs, or any
551 other drug having addiction-forming or addiction-sustaining
552 liability.

553 (2) Habitual use of intoxicating liquors, or any
554 beverage, to an extent which affects professional competency.

555 (3) Administering, dispensing or prescribing any
556 narcotic drug, or any other drug having addiction-forming or
557 addiction-sustaining liability otherwise than in the course of
558 legitimate professional practice.

559 (4) Conviction of violation of any federal or state law
560 regulating the possession, distribution or use of any narcotic
561 drug or any drug considered a controlled substance under state or
562 federal law, a certified copy of the conviction order or judgment
563 rendered by the trial court being prima facie evidence thereof,
564 notwithstanding the pendency of any appeal.

565 (5) Procuring, or attempting to procure, or aiding in,
566 an abortion that is not medically indicated.

567 (6) Conviction of a felony or misdemeanor involving
568 moral turpitude, a certified copy of the conviction order or
569 judgment rendered by the trial court being prima facie evidence
570 thereof, notwithstanding the pendency of any appeal.

571 (7) Obtaining or attempting to obtain a license by
572 fraud or deception.

573 (8) Unprofessional conduct, which includes, but is not
574 limited to:



(a) Practicing medicine under a false or assumed name or impersonating another practitioner, living or dead.

(b) Knowingly performing any act which in any way assists an unlicensed person to practice medicine.

(c) Making or willfully causing to be made any flamboyant claims concerning the licensee's professional excellence.

(d) Being guilty of any dishonorable or unethical conduct likely to impair patient care, or deceive, defraud or harm the public.

(e) Obtaining a fee as personal compensation or gain from a person on fraudulent representation of a disease or injury condition generally considered incurable by competent medical authority in the light of current scientific knowledge and practice can be cured or offering, undertaking, attempting or agreeing to cure or treat the same by a secret method, which he or she refuses to divulge to the board upon request.

(f) Use of any false, fraudulent or forged statement or document, or the use of any fraudulent, deceitful, dishonest or immoral practice in connection with any of the licensing requirements, including the signing in his or her professional capacity any certificate that is known to be false at the time he or she makes or signs such certificate.

(g) Failing to identify a physician's school of practice in all professional uses of his or her name by use of his



600 or her earned degree or a description of his or her school of
601 practice.

602 (h) When a licensee makes, or knowingly permits
603 any person to make, an agreement with a patient or person, or any
604 person or entity representing patients or persons, or provides any
605 form of consideration that would prohibit, restrict, discourage,
606 or otherwise limit a person's ability to file a complaint with the
607 board; to truthfully and fully answer any questions posed by an
608 agent or representative of the board; or to participate as a
609 witness in a board proceeding.

610 (9) The refusal of a licensing authority of another
611 state or jurisdiction to issue or renew a license, permit or
612 certificate to practice medicine in that jurisdiction or the
613 revocation, suspension or other restriction imposed on a license,
614 permit or certificate issued by such licensing authority which
615 prevents or restricts practice in that jurisdiction, a certified
616 copy of the disciplinary order or action taken by the other state
617 or jurisdiction being prima facie evidence thereof,
618 notwithstanding the pendency of any appeal.

619 (10) Surrender of a license or authorization to
620 practice medicine in another state or jurisdiction or surrender of
621 membership on any medical staff or in any medical or professional
622 association or society while under disciplinary investigation by
623 any of those authorities or bodies for acts or conduct similar to



acts or conduct which would constitute grounds for action as defined in this section.

(11) Final sanctions imposed by the United States Department of Health and Human Services, Office of Inspector General or any successor federal agency or office, based upon a finding of incompetency, gross misconduct or failure to meet professionally recognized standards of health care; a certified copy of the notice of final sanction being prima facie evidence thereof. As used in this paragraph, the term "final sanction" means the written notice to a physician from the United States Department of Health and Human Services, Officer of Inspector General or any successor federal agency or office, which implements the exclusion.

(12) Failure to furnish the board, its investigators or representatives information legally requested by the board.

(13) Violation of any provision(s) of the Medical Practice Act or the rules and regulations of the board or of any order, stipulation or agreement with the board.

(14) Violation(s) of the provisions of Sections 41-121-1 through 41-121-9 relating to deceptive advertisement by health care practitioners.

(15) Performing or inducing an abortion on a woman in violation of any provision of Sections 41-41-131 through 41-41-145.



648 (16) Performing an abortion on a pregnant woman after
649 determining that the unborn human individual that the pregnant
650 woman is carrying has a detectable fetal heartbeat as provided in
651 Section 41-41-34.1.

652 (17) Violation(s) of any provision of Title 41, Chapter
653 141, Mississippi Code of 1972.

654 In addition to the grounds specified above, the board shall
655 be authorized to suspend the license of any licensee for being out
656 of compliance with an order for support, as defined in Section
657 93-11-153. The procedure for suspension of a license for being
658 out of compliance with an order for support, and the procedure for
659 the reissuance or reinstatement of a license suspended for that
660 purpose, and the payment of any fees for the reissuance or
661 reinstatement of a license suspended for that purpose, shall be
662 governed by Section 93-11-157 or 93-11-163, as the case may be.
663 If there is any conflict between any provision of Section
664 93-11-157 or 93-11-163 and any provision of this chapter, the
665 provisions of Section 93-11-157 or 93-11-163, as the case may be,
666 shall control.

667 A physician who provides a written certification as
668 authorized under the Mississippi Medical Cannabis Act and in
669 compliance with rules and regulations adopted thereunder shall not
670 be subject to any disciplinary action under this section solely
671 due to providing the written certification.



672 **SECTION 12.** Section 73-25-30, Mississippi Code of 1972, is
673 amended as follows:

674 73-25-30. (1) The * * * State Board of Medical Licensure,
675 in exercising its authority under the provisions of Section
676 73-25-29, shall have the power to discipline the holder of a
677 license who has been found by the board in violation of that
678 statute after notice and a hearing as provided by law * * *.

679 (2) Upon the execution of a disciplinary order by the board,
680 either following a hearing or in lieu of a hearing, the
681 board * * * may assess the licensee for those reasonable costs
682 that are expended by the board in the investigation and conduct of
683 a proceeding for licensure disciplinary action including, but not
684 limited to, the cost of process service, court reporters, witness
685 fees, expert witnesses, investigators, and other related expenses.
686 Money collected by the board under this section shall be deposited
687 to the credit of the special fund of the board to reimburse the
688 existing current year appropriated budget.

689 (3) An assessment of costs under this section shall be paid
690 to the board by the licensee, upon the expiration of the period
691 allowed for appeals under Section 73-25-27, or may be paid sooner
692 if the licensee elects. Cost assessed under this section shall
693 not exceed * * * Twenty-Five Thousand Dollars (\$25,000.00).

694 (4) When an assessment of costs by the board against a
695 licensee in accordance with this section is not paid by the
696 licensee when due under this section, the licensee shall be



697 prohibited from practicing medicine until the full amount is paid.
698 In addition, the board may institute and maintain proceedings in
699 its name for enforcement of payment in the Chancery Court of the
700 First Judicial District of Hinds County. When those proceedings
701 are instituted, the board shall certify the record of its
702 proceedings, together with all documents and evidence, to the
703 chancery court. The matter shall be heard in due course by the
704 court, which shall review the record and make its determination
705 thereon. The hearing on the matter, in the discretion of the
706 chancellor, may be tried in vacation.

707 **SECTION 13.** Section 73-25-31, Mississippi Code of 1972, is
708 amended as follows:

709 73-25-31. Every order and judgment of the board shall take
710 effect immediately on its promulgation unless the board in such
711 order or judgment fixes a probationary period for * * * licensee.
712 Such order and judgment shall continue in effect unless upon
713 appeal the court by proper order or decree terminates it earlier.
714 The board may make public its orders and judgments in such manner
715 and form as it deems proper. * * * Any decision of the board must
716 be appealed to the chancery court under the provisions of this
717 section within thirty (30) days after being so mailed or served.
718 The appeal period may not be extended. The appeal to the chancery
719 court shall be based solely on the record made before the board.
720 A transcript of the proceedings and evidence, together with
721 exhibits presented at the hearing before the board in the event of



appeal, shall be a part of the record before the chancery court.
The chancery court shall dispose of the appeal and enter its
decision promptly. The hearing on the appeal may, in the
discretion of the chancellor, be tried in vacation. Appeals may
be taken to the Supreme Court of the State of Mississippi as
provided by law from any final action of the chancery court. No
such person shall be allowed to practice medicine in violation of
any action of the chancery court affirming, in whole or in part,
the determination of the board while any such appeal to the
Supreme Court is pending.

SECTION 14. Section 73-25-32, Mississippi Code of 1972, is amended as follows:

73-25-32. (1) A person whose license to practice * * * has been * * * suspended or previously surrendered may petition the * * * State Board of Medical Licensure to reinstate this license after a period of not less than one (1) year has elapsed from the date of the * * * suspension or surrender. A person whose license to practice has been revoked may petition the board to reinstate his or her license after a period of not less than three (3) years, but not greater than five (5) years, has elapsed from the date of the revocation, except as otherwise authorized under subsection (5) of this section. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section



93-11-153, shall be governed by Section 93-11-157 or 93-11-163, as the case may be.

(2) * * * The petition may be heard at the next regular meeting of the board * * * but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he or she is under probation or parole. The hearing may be continued from time to time as the board * * * finds necessary.

(3) In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, that should be imposed if the disciplinary penalty is set aside, the board * * * may investigate and consider all activities of the petitioner since the disciplinary action was taken * * *, the offense for which he or she was disciplined, his or her activity during the time * * * the petitioner was in good standing, his general reputation for truth, professional ability and good character; and * * * require the petitioner to * * * submit to a professional competency evaluation.

(4) The investigation shall require the petitioner to undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each petitioner shall submit a full set of the petitioner's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the



771 Mississippi Department of Public Safety (department) and the
772 Federal Bureau of Investigation Identification Division for this
773 purpose.

774 Any and all state or national criminal history records
775 information obtained by the board that is not already a matter of
776 public record shall be deemed nonpublic and confidential
777 information restricted to the exclusive use of the board, its
778 members, officers, investigators, agents and attorneys in
779 evaluating the applicant's eligibility or disqualification for
780 licensure, and shall be exempt from the Mississippi Public Records
781 Act of 1983. Except when introduced into evidence in a hearing
782 before the board to determine licensure, no such information or
783 records related thereto shall, except with the written consent of
784 the applicant or by order of a court of competent jurisdiction, be
785 released or otherwise disclosed by the board to any other person
786 or agency.

787 The board shall provide to the department the fingerprints of
788 the petitioner, any additional information that may be required by
789 the department, and a form signed by the petitioner consenting to
790 the check of the criminal records and to the use of the
791 fingerprints and other identifying information required by the
792 state or national repositories.

793 The board shall charge and collect from the petitioner, in
794 addition to all other applicable fees and costs, such amount as



may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant.

* * *

(5) (a) Notwithstanding any other provision of this chapter, a person whose license to practice was revoked, suspended or voluntarily surrendered due to a criminal conviction that was not related to the practice of medicine and did not involve a crime of violence as defined under Section 97-3-2 shall be entitled to a presumption of reinstatement upon petition, provided that:

(i) At least five (5) years have elapsed since the date of revocation, suspension or voluntary surrender;

(ii) The petitioner has completed all terms of sentencing, including probation and parole, if applicable;

(iii) The petitioner has maintained compliance with all continuing medical education (CME) requirements necessary for reinstatement; and

(iv) No additional criminal convictions or disciplinary actions related to medical practice have occurred during the period of ineligibility.

(b) The board may only deny reinstatement if clear and convincing evidence establishes that the petitioner poses a current and substantial risk to patient safety or public welfare.

(c) Any person whose petition for reinstatement is denied under this section shall be entitled to a hearing before



the board and may seek judicial review of the board's decision in the manner provided in Section 73-25-27.

(d) Nothing in this section shall be construed to limit the board's authority to impose reasonable conditions on reinstatement, including participation in monitoring programs or additional training, as deemed necessary.

SECTION 15. Section 73-25-33, Mississippi Code of 1972, is amended as follows:

73-25-33. (1) The practice of medicine shall mean * * * one (1) or more of the following, provided that nothing in this chapter shall be construed to limit duly licensed health care professionals from providing medical services within the scope of their authorizing license:

(a) Holding oneself out to the public within this state as being able to diagnose, treat, prescribe for, palliate, or prevent any human disease, ailment, injury, deformity, or physical or mental condition, whether by the use of drugs, surgery, manipulation, technology, or any physical, mechanical, or other means whatsoever;

(b) Suggesting, recommending, prescribing, or administering any form of treatment, operation, or healing for the intended palliation, relief, or cure of any physical or mental disease, ailment, injury, condition, or defect of any person, with or without the intention of receiving, either directly or indirectly, any fee, gift, or compensation;



845 (c) Maintaining an office or other place to meet
846 persons or patients for the purpose of examining or treating
847 persons afflicted with disease, injury, defect of the body or
848 mind, or other condition for which treatment is sought;

849 (d) Using the title "M.D.," "D.O.," "physician,"
850 "surgeon," or any other word or abbreviation to indicate or induce
851 others to believe that one is licensed under this chapter; or

852 (e) Performing any kind of surgical operation upon
853 another person.

854 (2) Nothing in this section shall be construed to prohibit,
855 sanction, or to require a license with respect to any of the
856 following:

857 The practice of the following doctors as defined by the laws
858 of this state. Furthermore, this chapter is not intended to
859 limit, restrict, enlarge, or alter the medical and/or surgical
860 privileges and practice of the following professions as provided
861 by the laws of this state:

862 (a) Dentistry (DDS or DMD);

863 (b) Optometry (OD);

864 (c) Chiropractic (DC); or

865 (d) Veterinarian (DVM) or (VDM).

866 (3) Nothing in this section shall be construed to prohibit,
867 sanction or punish licensed nurses, nurse practitioners or
868 advanced practice registered nurses who are practicing within
869 their scope of practice.



870 (* * *4) The practice of medicine shall not mean to provide
871 gender transition procedures for any person under eighteen (18)
872 years of age * * *.

873 (* * *5) For purposes of this section, "gender transition
874 procedures" means the same as defined in Section 41-141-3.

875 (6) The board may, for the purposes of this chapter, issue
876 cease and desist orders to any person(s) it has probable cause to
877 believe is practicing medicine without first obtaining a license.
878 Thereafter, and in addition to any other civil remedy or criminal
879 penalty provided for by law, or in lieu thereof, the board shall
880 be authorized to seek injunctive relief and/or imposition of civil
881 penalties against the unlawful practice of medicine, provided that
882 the venue for any such action shall be the Chancery Court for the
883 First Judicial District of Hinds County. Civil penalties from
884 such actions shall be no less than One Thousand Dollars
885 (\$1,000.00) and no more than Twenty-Five Thousand Dollars
886 (\$25,000.00) for each offense. The court may also award the
887 prevailing party court costs and reasonable attorney fees and, if
888 the board prevails, may also award reasonable costs of
889 investigation and prosecution.

890 Any monetary penalty or assessment levied against an illegal
891 practitioner under this section shall be paid to the state upon
892 the expiration of the period allowed for appealing those
893 penalties, or may be paid sooner if the illegal practitioner so
894 chooses. Monetary penalties collected by the court under this



section shall be deposited to the credit of the State General Fund. Any monies collected for investigation and prosecution by the board shall be deposited into the special fund of the board.

SECTION 16. Section 73-25-34, Mississippi Code of 1972, is amended as follows:

73-25-34. (1) For the purposes of this section, telemedicine, or the practice of medicine across state lines, shall be defined to include any one (1) or both of the following:

(a) Rendering of a medical opinion concerning diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his or her agent; or

(b) The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his or her agent.

(2) Except as hereinafter provided, no person shall engage in the practice of medicine across state lines (telemedicine) in this state, hold himself or herself out as qualified to do the same, or use any title, word or abbreviation to indicate to or induce others to believe that he or she is duly licensed to practice medicine across state lines in this state unless he or she has first obtained a license to do so from the State Board of



920 Medical Licensure and has met all educational and licensure
921 requirements as determined by the * * * board * * *.

922 * * *

923 **SECTION 17.** Section 73-25-53, Mississippi Code of 1972, is
924 amended as follows:

925 73-25-53. * * * Any person holding a professional license
926 from the State Board of Medical Licensure shall be subject to
927 restriction, suspension or revocation, as hereinafter provided, in
928 case of inability of the licensee to practice medicine with
929 reasonable skill or safety to patients by reason of one or more of
930 the following:

931 (a) Mental illness;

932 (b) Physical illness, including, but not limited to,
933 deterioration through the aging process, or loss of motor skill;

934 (c) Excessive use or abuse of drugs, including
935 alcohol * * *; and

936 (d) Behavioral conduct that could be addressed by
937 treatment.

938 **SECTION 18.** Section 73-25-55, Mississippi Code of 1972, is
939 amended as follows:

940 73-25-55. (1) If the State Board of Medical Licensure has
941 reasonable cause to believe that a * * * licensee is unable to
942 practice medicine with reasonable skill and safety to patients
943 because of a condition described in Section 73-25-53, * * * the
944 board * * * shall cause an examination of such * * * licensee to



be made as described in subsection (2) of this section and shall, following such examination, take appropriate action within the provisions of Sections 73-25-51 through 73-25-67.

(2) Examination of a * * * licensee under this section shall be conducted by an examining committee. * * * The members of the examining committee shall be designated by the Medical Director of the Mississippi Physician Health Program (MPHP), and shall include three (3) practicing physicians and at least one (1) psychiatrist if a question of mental illness is involved.

SECTION 19. Section 73-25-57, Mississippi Code of 1972, is amended as follows:

73-25-57. (1) The examining committee assigned to examine a physician pursuant to referral by the board under Section 73-25-55 shall conduct an examination of such * * * licensee for the purpose of determining the * * * licensee's fitness to practice medicine with reasonable skill and safety to patients, either on a restricted or unrestricted basis, and shall report its findings and recommendations to the board. The committee shall order the * * * licensee to appear before the committee for examination and give him or her ten (10) days' notice of time and place of the examination, together with a statement of the cause for such examination. Such notice shall be served upon the * * * licensee either personally or by registered or certified mail with return receipt requested.



969 (2) If the examining committee, in its discretion, * * *
970 deems an independent mental or physical examination of the * * *
971 licensee necessary to its determination of the fitness of
972 the * * * licensee to practice, the committee shall order
973 the * * * licensee to submit to such examination. Any person
974 licensed to practice medicine in this state shall be deemed to
975 have waived all objections to the admissibility of the examining
976 committee's report in any proceedings before the board under
977 Sections 73-25-51 through 73-25-67 on the grounds of privileged
978 communication. Any * * * licensee ordered to an examination
979 before the committee under subsection (2) shall be entitled to an
980 independent mental or physical examination if * * * the licensee
981 makes request therefor.

982 (3) Any * * * licensee who submits to a diagnostic mental or
983 physical examination as ordered by the examining committee shall
984 have a right to designate another physician to be present at the
985 examination and make an independent report to the board.

986 (4) Failure of a * * * licensee to comply with a committee
987 order under subsection (2) to appear before it for examination or
988 to submit to mental or physical examination under this section or
989 upon the withdrawal of advocacy by the Mississippi Physician
990 Health Program (MPHP) or successor entity, shall be reported by
991 the committee or MPHP to the board, and unless due to
992 circumstances beyond the control of the * * * licensee, shall be
993 grounds for suspension by the board of the * * * licensee's



license to practice medicine in this state until such time as
such * * * licensee has complied with the order of the committee,
or regained advocacy from MPHP.

(5) The examining committee may inspect patient records in
accordance with the provisions of Section 73-25-28.

(6) All patient records, investigative reports and other
documents in possession of the board and examining committee shall
be deemed confidential and not subject to subpoena or disclosure
unless so ordered by the court from which the subpoena issued, but
the court, in its discretion, may limit use or disclosure of such
records. Notwithstanding, and to encourage the prompt reporting
of disabled practitioners, neither the board nor examining
committee shall reveal the identity of any source of information
where the source has requested anonymity.

SECTION 20. Section 73-25-59, Mississippi Code of 1972, is
amended as follows:

73-25-59. A * * * licensee may request in writing to the
board a restriction of his or her license to practice * * *. The
board may grant such request for restriction and shall have
authority, if it deems appropriate, to attach conditions to the
licensure * * * within specified limitations, and waive the
commencement of any proceeding under Section 73-25-63. Removal of
a voluntary restriction on licensure to practice medicine shall be
subject to the procedure for reinstatement of license in Section
73-25-65.



1019 **SECTION 21.** Section 73-25-61, Mississippi Code of 1972, is
1020 amended as follows:

1021 73-25-61. (1) The examining committee shall report to the
1022 board its findings on the examination of the * * * licensee under
1023 Section 73-25-57, the determination of the committee as to the
1024 fitness of the * * * licensee to engage in the practice of
1025 medicine with reasonable skill and safety to patients, either on a
1026 restricted or unrestricted basis, and any management that the
1027 committee may recommend. Such recommendation by the committee
1028 shall be advisory only and shall not be binding on the board.

1029 (2) The board may accept or reject the recommendation of the
1030 examining committee to permit a * * * licensee to continue to
1031 practice with or without any restriction on his or her license to
1032 practice medicine, or may refer the matter back to the examining
1033 committee for further examination and report thereon.

1034 (3) In the absence of a voluntary agreement by a * * *
1035 licensee under Section 73-25-59 * * *, any * * * licensee shall be
1036 entitled to a hearing in formal proceedings before the board and a
1037 determination on the evidence as to whether or not restriction,
1038 suspension or revocation of licensure shall be imposed.

1039 **SECTION 22.** Section 73-25-63, Mississippi Code of 1972, is
1040 amended as follows:

1041 73-25-63. (1) The board may proceed against a * * *
1042 licensee under Sections 73-25-51 through 73-25-67 by serving upon
1043 such physician at least fifteen (15) days' notice of a time and



place fixed for a hearing, together with copies of the examining committee's report and diagnosis, or a copy of the official notice from MPHP withdrawing advocacy. Such notice and reports shall be served upon the * * * licensee either personally or by * * * certified mail with return receipt requested.

(2) At * * * the hearing the * * * licensee shall have the right to be present, to be represented by counsel, to produce witnesses or evidence in his or her behalf, to cross-examine witnesses, and to have subpoenas issued by the board.

(3) At the conclusion of the hearing, the board shall make a determination of the merits and may issue an order imposing one or more of the following:

(a) Make a recommendation that the * * * licensee submit to the care, counseling or treatment by physicians acceptable to the board * * *;

(b) Suspend or restrict the license of the * * * licensee to practice medicine for the duration of his or her impairment * * *; or

(c) Revoke the license of the * * * licensee to practice medicine.

(4) The board may temporarily suspend the license of any * * * licensee without a hearing, simultaneously with the institution of proceedings for a hearing under this section, if it finds that the evidence * * * is clear, competent and unequivocal



and that his or her continuation in practice would constitute an imminent danger to public health and safety.

(5) Neither the record of the proceedings nor any order entered against a * * * licensee may be used against him or her in any other legal proceedings except upon judicial review as provided herein.

SECTION 23. Section 73-25-65, Mississippi Code of 1972, is amended as follows:

73-25-65. (1) A * * * licensee whose licensure has been restricted, suspended or revoked under Sections 73-25-51 through 73-25-67, voluntarily or by action of the board, shall have a right, at reasonable intervals, to petition for reinstatement of his or her license and to demonstrate that he or she can resume the competent practice of medicine with reasonable skill and safety to patients. Such petition shall be made in writing and on a form prescribed by the board. Action of the board on such petition shall be initiated by referral to and examination by the examining committee pursuant to the provisions of Sections 73-25-55 and 73-25-57. The board may, upon written recommendation of the examining committee, restore the licensure of the * * * licensee on a general or limited basis or institute a proceeding pursuant to Section 73-25-63 for the determination of the fitness of the * * * licensee to resume his or her practice.

(2) All orders of the board entered under Section 73-25-63(3) * * * or (4) shall be subject to judicial review by



1093 appeal to the chancery court of the county of the residence of
1094 the * * * licensee involved against whom the order is rendered,
1095 within twenty (20) days following the date of entry of the
1096 order, * * * the appeal to be taken and perfected in the same
1097 manner as appeals from orders of boards of supervisors.

1098 **SECTION 24.** Section 73-25-83, Mississippi Code of 1972, is
1099 amended as follows:

1100 73-25-83. The board shall have authority to deny an
1101 application for licensure or other authorization to practice
1102 medicine in this state and to discipline a physician licensed or
1103 otherwise lawfully practicing within this state who, after a
1104 hearing, has been adjudged by the board as unqualified due to one
1105 or more of the following reasons:

1106 (a) Unprofessional conduct as defined in the physician
1107 licensure and disciplinary laws, pursuant to Section 73-25-29;

1108 (b) Professional incompetency in the practice of
1109 medicine or surgery; or

1110 (c) Having disciplinary action taken by his or her
1111 peers within any professional medical association or society,
1112 whether any such association or society is local, regional, state
1113 or national in scope, or being disciplined by a * * * hospital or
1114 medical staff of * * * the hospital, or the voluntary surrender or
1115 restriction of hospital staff privileges while an investigation or
1116 disciplinary proceeding is being conducted by a licensed hospital
1117 or medical staff or medical staff committee of * * * the hospital.



1118 Provided further, anybody taking action as set forth in this
1119 paragraph shall report such action to the board within thirty (30)
1120 days of its occurrence.

1121 **SECTION 25.** Section 73-25-87, Mississippi Code of 1972, is
1122 amended as follows:

1123 73-25-87. (1) Whenever the board finds any person
1124 unqualified because of any of the grounds set forth in this
1125 chapter, or in violation of any of the grounds set forth in
1126 Section 73-25-83, it may enter an order imposing one or more of
1127 the following:

1128 (a) Deny * * * an application for a license or other
1129 authorization to practice medicine;

1130 (b) Administer a public or private reprimand;

1131 (c) Suspend, limit or restrict * * * a license or other
1132 authorization to practice medicine for up to five (5) years,
1133 including limiting the practice of such person to, or by the
1134 exclusion of, one or more specified branches of medicine,
1135 including limitation on hospital privileges;

1136 (d) Revoke * * * a license or other authorization to
1137 practice medicine;

1138 (e) Require * * * a licensee to submit to care,
1139 counseling or treatment by physicians designated by the board, as
1140 a condition for initial, continued or renewal of licensure or
1141 other authorization to practice medicine;



1142 (f) Require * * * a licensee to participate in a
1143 program of education prescribed by the board; * * *

1144 (g) Require * * * a licensee to practice under the
1145 direction of a physician designated by the board for a specified
1146 period of time * * *;

1147 (h) Place a licensee on probation, the terms of which
1148 may be set by the board;

1149 (i) In lieu of suspension, impose a punitive fine not
1150 to exceed Twenty-five Thousand Dollars (\$25,000.00) per offense,
1151 with the cumulative total of all fines imposed not to exceed One
1152 Hundred Thousand Dollars (\$100,000.00). All fines collected under
1153 this provision shall be deposited into the State General Fund; or,

1154 (j) Take any other action which the board deems
1155 necessary.

1156 By July 1, 2026, the board shall create and implement a
1157 penalty matrix in its rules and regulations to guide the board's
1158 decisions for appropriate penalties for violations, and which
1159 shall be available to the public. For purposes of this
1160 subsection, a penalty matrix shall be guidelines that recommend
1161 specific disciplinary actions based on a weighing of specific
1162 violations and the mitigating factors of a case, such as the
1163 severity of violations, disciplinary history of the respondent
1164 licensee, and degree of patient injury, if applicable, and seek to
1165 create more consistent and predictable outcomes to disciplinary
1166 hearings.



1167 **SECTION 26.** Section 73-25-89, Mississippi Code of 1972, is
1168 amended as follows:

1169 73-25-89. If the board determines that evidence in its
1170 possession indicates that a physician's continuation in practice
1171 or unrestricted practice would constitute an immediate danger to
1172 the public, the board may take any of the same actions on a
1173 temporary basis, without a hearing, which it could otherwise take
1174 under Sections 73-25-81 through 73-25-95 following a hearing,
1175 provided proceedings for a hearing before the board are initiated
1176 simultaneously with such temporary action without a hearing.
1177 Provided, further, that in the event of such temporary action
1178 without a hearing, a hearing must be held within * * * thirty (30)
1179 days of such action.

1180 **SECTION 27.** Section 73-43-3, Mississippi Code of 1972, is
1181 amended as follows:

1182 73-43-3. (1) The State Board of Medical Licensure shall
1183 consist of nine (9) physicians. Each of the physicians shall have
1184 graduated from a medical school which has been accredited by the
1185 liaison committee on medical education as sponsored by the
1186 American Medical Association and the Association of American
1187 Medical Colleges or from an osteopathic medical school which has
1188 been accredited by the Bureau of Professional Education of the
1189 American Osteopathic Association, and have at least six (6) years'
1190 experience in the practice of medicine. No more than two (2)
1191 members of the board shall be a member of the faculty of the



University of Mississippi School of Medicine. No more than four
(4) members of the board shall be from the same Mississippi
Supreme Court district.

(2) Three (3) physicians shall be nominated to the Governor
for each appointive position by the Mississippi State Medical
Association; and * * * those nominations shall give due regard to
geographic distribution, race and sex. The Governor shall appoint
from * * * those nominations the members of the board with the
advice and consent of the Senate, but may also select nominees who
are not nominated by the Mississippi State Medical Association and
satisfy the requirements of this section. The original
appointments of the board shall be made no later than June 30,
1980, for terms to begin on July 1, 1980. The Governor shall
designate the initial terms of the members as follows: three (3)
members shall be appointed for a term which expires July 1, 1982,
three (3) members shall be appointed for a term which expires July
1, 1984, and three (3) members shall be appointed for a term which
expires July 1, 1986. Thereafter, all succeeding appointments
shall be for terms of six (6) years from the expiration of the
previous term. Vacancies in office shall be filled by appointment
of the Governor in the same manner as the appointment to the
position which becomes vacant, subject to the advice and consent
of the Senate at the next regular session of the Legislature.

(3) In addition to the physician board members, there shall
be three (3) members appointed by the Governor, with the advice



and consent of the Senate, who shall be members of the public not
related to the health care industry. No more than one (1)
consumer member shall be from each Supreme Court District as they
exist on January 1, 2025. The initial term of office for the
member appointed from the First Supreme Court District shall be
two (2) years and thereafter shall be six (6) years; the initial
term of office for the member appointed from the Second Supreme
Court District shall be three (3) years and thereafter shall be
six (6) years; and the initial term of office for the member
appointed from the Third Supreme Court District shall be four (4)
years and thereafter shall be six (6) years. The six-year terms
shall be from the expiration date of the previous terms.

SECTION 28. The following shall be codified as Section
73-43-19, Mississippi Code of 1972:

73-43-19. The State Board of Medical Licensure shall be
provided with annual performance statistics from the Mississippi
Physician's Health Program or its successor entity, which shall be
available to the board and the public. These statistics shall not
include information that constitutes personally identifiable
information or protected health information of program
participants, but instead shall include general statistics that
can be used to evaluate the program's effectiveness. The board
shall have the authority to request and, if necessary, conduct
performance audits of any additional information the board deems
appropriate, which shall also be made public as long as the



information does not include personal identifiable information or protected health information of program participants.

SECTION 29. Sections 73-25-7, 73-25-9, 73-25-15, 73-25-19, 73-25-25, 73-25-39, and 73-25-81, which relate to the regulation of the practice of medicine in the State of Mississippi, shall stand repealed.

SECTION 30. Section 99-19-35, Mississippi Code of 1972, is amended as follows:

99-19-35. A person convicted of bribery, burglary, theft, arson, obtaining money or goods under false pretenses, perjury, forgery, embezzlement, or bigamy, shall not be allowed to practice medicine or dentistry, or be appointed to hold or perform the duties of any office of profit, trust, or honor, unless after full pardon for the same, or, in the case of a person seeking reinstatement to the practice of medicine, after being reinstated to the practice of medicine by the Board of Medical Licensure under Section 73-25-32.

SECTION 31. Section 73-15-3, Mississippi Code of 1972, is brought forward as follows:

73-15-3. In order to safeguard life and health, any person practicing or offering to practice as a registered nurse or a licensed practical nurse in Mississippi for compensation shall hereafter be required to submit evidence of qualifications to practice and shall be licensed or hold the privilege to practice as hereinafter provided. It shall be unlawful for any person not



1267 licensed or holding the privilege to practice under the provisions
1268 of this article:

1269 (a) To practice or offer to practice as a registered
1270 nurse or a licensed practical nurse;

1271 (b) To use a sign, card or device to indicate that such
1272 person is a registered nurse or a licensed practical nurse.

1273 Any person offering to practice nursing in Mississippi must
1274 be licensed or otherwise authorized to practice as provided in
1275 this article.

1276 **SECTION 32.** Section 73-15-5, Mississippi Code of 1972, is
1277 amended as follows:

1278 73-15-5. (1) "Board" means the Mississippi Board of
1279 Nursing.

1280 (2) The "practice of nursing" by a registered nurse means
1281 the performance for compensation of services which requires
1282 substantial knowledge of the biological, physical, behavioral,
1283 psychological and sociological sciences and of nursing theory as
1284 the basis for assessment, diagnosis, planning, intervention and
1285 evaluation in the promotion and maintenance of health; management
1286 of individuals' responses to illness, injury or infirmity; the
1287 restoration of optimum function; or the achievement of a dignified
1288 death. "Nursing practice" includes, but is not limited to,
1289 administration, teaching, counseling, delegation and supervision
1290 of nursing, and execution of the medical regimen, including the
1291 administration of medications and treatments prescribed by any



1292 licensed or legally authorized physician or dentist. The
1293 foregoing shall not be deemed to include acts of medical diagnosis
1294 or prescriptions of medical, therapeutic or corrective measures,
1295 except as may be set forth by rules and regulations promulgated
1296 and implemented by the Mississippi Board of Nursing.

1297 (3) "Clinical nurse specialist practice" by a certified
1298 clinical nurse specialist means the delivery of advanced practice
1299 nursing care to individuals or groups using advanced diagnostic
1300 and assessment skills to manage and improve the health status of
1301 individuals and families; diagnose human responses to actual or
1302 potential health problems; plan for health promotion, disease
1303 prevention, and therapeutic intervention in collaboration with the
1304 patient or client; implement therapeutic interventions based on
1305 the nurse specialist's area of expertise and within the scope of
1306 advanced nursing practice, including, but not limited to, direct
1307 patient care, counseling, teaching, collaboration with other
1308 licensed health care providers; and, coordination of health care
1309 as necessary and appropriate and evaluation of the effectiveness
1310 of care.

1311 (4) "Advanced nursing practice" means, in addition to the
1312 practice of professional nursing, the performance of
1313 advanced-level nursing approved by the board which, by virtue of
1314 graduate education and experience are appropriately performed by
1315 an advanced practice registered nurse. The advanced practice
1316 registered nurse may diagnose, treat and manage medical



1317 conditions. This may include prescriptive authority as identified
1318 by the board. Except as otherwise authorized in Section
1319 73-15-20(3), advanced practice registered nurses must practice in
1320 a collaborative/consultative relationship with a physician or
1321 dentist with an unrestricted license to practice in the State of
1322 Mississippi and advanced nursing must be performed within the
1323 framework of a standing protocol or practice guidelines, as
1324 appropriate.

1325 (5) The "practice of nursing" by a licensed practical nurse
1326 means the performance for compensation of services requiring basic
1327 knowledge of the biological, physical, behavioral, psychological
1328 and sociological sciences and of nursing procedures which do not
1329 require the substantial skill, judgment and knowledge required of
1330 a registered nurse. These services are performed under the
1331 direction of a registered nurse or a licensed physician or
1332 licensed dentist and utilize standardized procedures in the
1333 observation and care of the ill, injured and infirm; in the
1334 maintenance of health; in action to safeguard life and health; and
1335 in the administration of medications and treatments prescribed by
1336 any licensed physician or licensed dentist authorized by state law
1337 to prescribe. On a selected basis, and within safe limits, the
1338 role of the licensed practical nurse shall be expanded by the
1339 board under its rule-making authority to more complex procedures
1340 and settings commensurate with additional preparation and
1341 experience.



1342 (6) A "license" means an authorization to practice nursing
1343 as a registered nurse or a licensed practical nurse designated
1344 herein.

1345 (7) A "registered nurse" is a person who is licensed or
1346 holds the privilege to practice under the provisions of this
1347 article and who practices nursing as defined herein. "RN" is the
1348 abbreviation for the title of Registered Nurse.

1349 (8) A "licensed practical nurse" is a person who is licensed
1350 or holds the privilege to practice under this article and who
1351 practices practical nursing as defined herein. "LPN" is the
1352 abbreviation for the title of Licensed Practical Nurse.

1353 (9) A "registered nurse in clinical practice" is one who
1354 functions in any health care delivery system which provides
1355 nursing services.

1356 (10) A "clinical nurse specialist" is a person who is
1357 licensed or holds the privilege to practice under this article in
1358 this state to practice professional nursing and who in this state
1359 practices advanced nursing as defined herein. "CNS" is the
1360 abbreviation for the title of Clinical Nurse Specialist.

1361 (11) An "advanced practice registered nurse" is a person who
1362 is licensed or holds the privilege to practice under this article
1363 and who is certified in advanced practice registered nurse or
1364 specialized nursing practice and includes certified registered
1365 nurse midwives, certified registered nurse anesthetists and
1366 certified nurse practitioners. "CNM" is the abbreviation for the



1367 title of Certified Nurse Midwife, "CRNA" is the abbreviation for
1368 the title of Certified Registered Nurse Anesthetist. "CNP" is the
1369 abbreviation for the title of Certified Nurse Practitioner.

1370 (12) A "nurse educator" is a registered nurse who meets the
1371 criteria for faculty as set forth in a state-accredited program of
1372 nursing for registered nurses, or a state-approved program of
1373 nursing for licensed practical nurses, and who functions as a
1374 faculty member.

1375 (13) A "consumer representative" is a person representing
1376 the interests of the general public, who may use services of a
1377 health agency or health professional organization or its members
1378 but who is neither a provider of health services, nor employed in
1379 the health services field, nor holds a vested interest in the
1380 provision of health services at any level, nor has an immediate
1381 family member who holds vested interests in the provision of
1382 health services at any level.

1383 (14) "Privilege to practice" means the multistate licensure
1384 privilege to practice nursing in the state as described in the
1385 Nurse Licensure Compact provided for in Section 73-15-201.

1386 (15) "Licensee" is a person who has been issued a license to
1387 practice nursing in the state or who holds the privilege to
1388 practice nursing in the state.

1389 **SECTION 33.** Section 73-15-9, Mississippi Code of 1972, is
1390 brought forward as follows:



1391 73-15-9. (1) There is hereby created a board to be known as
1392 the Mississippi Board of Nursing, composed of thirteen (13)
1393 members, two (2) of whom shall be nurse educators; three (3) of
1394 whom shall be registered nurses in clinical practice, two (2) to
1395 have as basic nursing preparation an associate degree or diploma
1396 and one (1) to have as basic nursing preparation a baccalaureate
1397 degree; one (1) of whom shall be a registered nurse at large; one
1398 (1) of whom shall be a registered nurse practitioner; four (4) of
1399 whom shall be licensed practical nurses; one (1) of whom shall be
1400 a licensed physician who shall always be a member of the State
1401 Board of Medical Licensure; and one (1) of whom shall represent
1402 consumers of health services. There shall be at least one (1)
1403 board member from each congressional district in the state;
1404 provided, however, that the physician member, the consumer
1405 representative member and one (1) registered nurse member shall be
1406 at large always.

1407 (2) Members of the Mississippi Board of Nursing, excepting
1408 the member of the State Board of Medical Licensure, shall be
1409 appointed by the Governor, with the advice and consent of the
1410 Senate, from lists of nominees submitted by any Mississippi
1411 registered nurse organization and/or association chartered by the
1412 State of Mississippi whose board of directors is elected by the
1413 membership and whose membership includes registered nurses
1414 statewide, for the nomination of registered nurses, and by the
1415 Mississippi Federation of Licensed Practical Nurses and the



1416 Mississippi Licensed Practical Nurses' Association for the
1417 nomination of a licensed practical nurse. Nominations submitted
1418 by any such registered nurse organization or association to fill
1419 vacancies on the board shall be made and voted on by registered
1420 nurses only. Each list of nominees shall contain a minimum of
1421 three (3) names for each vacancy to be filled. The list of names
1422 shall be submitted at least thirty (30) days before the expiration
1423 of the term for each position. If such list is not submitted, the
1424 Governor is authorized to make an appointment from the group
1425 affected and without nominations. Appointments made to fill
1426 vacancies for unexpired terms shall be for the duration of such
1427 terms and until a successor is duly appointed.

1428 (3) Members of the board shall be appointed in staggered
1429 terms for four (4) years or until a successor shall be duly
1430 qualified. No member may serve more than two (2) consecutive full
1431 terms. Members of the board serving on July 1, 1988, shall
1432 continue to serve for their appointed terms.

1433 (4) Vacancies occurring by reason of resignation, death or
1434 otherwise shall be filled by appointment of the Governor upon
1435 nominations from a list of nominees from the affected group to be
1436 submitted within not more than thirty (30) days after such a
1437 vacancy occurs. In the absence of such list, the Governor is
1438 authorized to fill such vacancy in accordance with the provisions
1439 for making full-term appointments. All vacancy appointments shall
1440 be for the unexpired terms.



(5) Any member may be removed from the board by the Governor after a hearing by the board and provided such removal is recommended by the executive committee of the affected group.

SECTION 34. Section 73-15-20, Mississippi Code of 1972, is amended as follows:

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

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

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



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

(2) **Rulemaking.** The board shall provide by rule the appropriate requirements for advanced practice registered nurses in the categories of certified registered nurse anesthetist, certified nurse midwife and advanced practice registered nurse.

(3) **Collaboration.** (a) Except as otherwise authorized in paragraph (b) of this subsection (3), an advanced practice registered nurse shall perform those functions authorized in this section within a collaborative/consultative relationship with a dentist or physician with an unrestricted license to practice dentistry or medicine in this state and within an established protocol or practice guidelines, as appropriate, that is filed with the board upon license application, license renewal, after entering into a new collaborative/consultative relationship or making changes to the protocol or practice guidelines or practice site. The board shall review and approve the protocol to ensure compliance with applicable regulatory standards. * * *

(b) Certified registered nurse anesthetists who have completed not less than eight thousand (8,000) clinical practice hours are exempt from maintaining a collaborative/consultative relationship with a licensed physician or dentist as required by paragraph (a) of this subsection (3).



1490 (c) Certified registered nurse anesthetists may apply
1491 hours worked before July 1, 2025, to fulfill the clinical practice
1492 hour requirements under paragraph (b) of this subsection (3).

1493 (4) **Renewal.** The board shall renew a license for an
1494 advanced practice registered nurse upon receipt of the renewal
1495 application, fees and any required protocol or practice
1496 guidelines. The board shall adopt rules establishing procedures
1497 for license renewals. The board shall by rule prescribe
1498 continuing education requirements for advanced practice nurses not
1499 to exceed forty (40) hours biennially as a condition for renewal
1500 of a license or certificate.

1501 (5) **Reinstatement.** Advanced practice registered nurses may
1502 reinstate a lapsed privilege to practice upon submitting
1503 documentation of a current active license to practice professional
1504 nursing, a reinstatement application and fee, * * * any required
1505 protocol or practice guidelines, documentation of current
1506 certification as an advanced practice nurse in a designated area
1507 of practice by a national certification organization recognized by
1508 the board and documentation of at least forty (40) hours of
1509 continuing education related to the advanced clinical practice of
1510 the nurse practitioner within the previous two-year period. The
1511 board shall adopt rules establishing the procedure for
1512 reinstatement.

1513 (6) **Changes in status.** * * * An advanced practice
1514 registered nurse who is required to have a



1515 collaborative/consultative relationship with a licensed physician
1516 or dentist shall notify the board immediately regarding changes in
1517 the collaborative/consultative relationship * * *. If changes
1518 leave the advanced practice registered nurse without a
1519 board-approved collaborative/consultative relationship with a
1520 physician or dentist, the advanced practice nurse may not practice
1521 as an advanced practice registered nurse.

1522 (7) **Practice requirements.** The advanced practice registered
1523 nurse shall practice as follows:

1524 (a) According to standards and guidelines of the
1525 National Certification Organization.

1526 (b) Except as otherwise authorized in subsection (3) of
1527 this section, in a collaborative/consultative relationship with a
1528 licensed physician whose practice is compatible with that of the
1529 nurse practitioner. Certified registered nurse anesthetists may
1530 collaborate/consult with licensed dentists. The advanced practice
1531 nurse must be able to communicate reliably with a
1532 collaborating/consulting physician or dentist while practicing.
1533 Advanced practice registered nurses who are not required to have a
1534 collaborative/consultative relationship with a licensed physician
1535 or dentist shall collaborate with other health care providers and
1536 refer or transfer patients as appropriate.

1537 (c) According to a board-approved protocol or practice
1538 guidelines, except as otherwise authorized in subsection (3) of
1539 this section.



1540 (d) Advanced practice registered nurses practicing as
1541 nurse anesthetists must practice according to board-approved
1542 practice guidelines that address pre-anesthesia preparation and
1543 evaluation; anesthesia induction, maintenance, and emergence;
1544 post-anesthesia care; peri-anesthetic and clinical support
1545 functions.

1546 (e) Except as otherwise authorized in subsection (3) of
1547 this section, advanced practice registered nurses practicing in
1548 other specialty areas must practice according to a board-approved
1549 protocol that has been mutually agreed upon by the nurse
1550 practitioner and a Mississippi licensed physician or dentist whose
1551 practice or prescriptive authority is not limited as a result of
1552 voluntary surrender or legal/regulatory order.

1553 (f) Each required collaborative/consultative
1554 relationship shall include and implement a formal quality
1555 assurance/quality improvement program which shall be maintained on
1556 site and shall be available for inspection by representatives of
1557 the board. This quality assurance/quality improvement program
1558 must be sufficient to provide a valid evaluation of the practice
1559 and be a valid basis for change, if any.

1560 (g) Nurse practitioners may not write prescriptions
1561 for, dispense or order the use of or administration of any
1562 schedule of controlled substances except as contained in this
1563 chapter.



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

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

SECTION 35. Section 73-15-29, Mississippi Code of 1972, is brought forward as follows:

73-15-29. (1) The board shall have power to revoke, suspend or refuse to renew any license issued by the board, or to revoke



1589 or suspend any privilege to practice, or to deny an application
1590 for a license, or to fine, place on probation and/or discipline a
1591 licensee, in any manner specified in this article, upon proof that
1592 such person:

1593 (a) Has committed fraud or deceit in securing or
1594 attempting to secure such license;

1595 (b) Has been convicted of a felony, or a crime
1596 involving moral turpitude or has had accepted by a court a plea of
1597 nolo contendere to a felony or a crime involving moral turpitude
1598 (a certified copy of the judgment of the court of competent
1599 jurisdiction of such conviction or pleas shall be prima facie
1600 evidence of such conviction);

1601 (c) Has negligently or willfully acted in a manner
1602 inconsistent with the health or safety of the persons under the
1603 licensee's care;

1604 (d) Has had a license or privilege to practice as a
1605 registered nurse or a licensed practical nurse suspended or
1606 revoked in any jurisdiction, has voluntarily surrendered such
1607 license or privilege to practice in any jurisdiction, has been
1608 placed on probation as a registered nurse or licensed practical
1609 nurse in any jurisdiction or has been placed under a disciplinary
1610 order(s) in any manner as a registered nurse or licensed practical
1611 nurse in any jurisdiction, (a certified copy of the order of
1612 suspension, revocation, probation or disciplinary action shall be
1613 prima facie evidence of such action);



1614 (e) Has negligently or willfully practiced nursing in a
1615 manner that fails to meet generally accepted standards of such
1616 nursing practice;

1617 (f) Has negligently or willfully violated any order,
1618 rule or regulation of the board pertaining to nursing practice or
1619 licensure;

1620 (g) Has falsified or in a repeatedly negligent manner
1621 made incorrect entries or failed to make essential entries on
1622 records;

1623 (h) Is addicted to or dependent on alcohol or other
1624 habit-forming drugs or is a habitual user of narcotics,
1625 barbiturates, amphetamines, hallucinogens, or other drugs having
1626 similar effect, or has misappropriated any medication;

1627 (i) Has a physical, mental or emotional condition that
1628 renders the licensee unable to perform nursing services or duties
1629 with reasonable skill and safety;

1630 (j) Has engaged in any other conduct, whether of the
1631 same or of a different character from that specified in this
1632 article, that would constitute a crime as defined in Title 97 of
1633 the Mississippi Code of 1972, as now or hereafter amended, and
1634 that relates to such person's employment as a registered nurse or
1635 licensed practical nurse;

1636 (k) Engages in conduct likely to deceive, defraud or
1637 harm the public;



1638 (1) Engages in any unprofessional conduct as identified
1639 by the board in its rules;

1640 (m) Has violated any provision of this article;

1641 (n) Violation(s) of the provisions of Sections 41-121-1
1642 through 41-121-9 relating to deceptive advertisement by health
1643 care practitioners. This paragraph shall stand repealed on July
1644 1, 2025; or

1645 (o) Violation(s) of any provision of Title 41, Chapter
1646 141, Mississippi Code of 1972.

1647 (2) When the board finds any person unqualified because of
1648 any of the grounds set forth in subsection (1) of this section, it
1649 may enter an order imposing one or more of the following
1650 penalties:

1651 (a) Denying application for a license or other
1652 authorization to practice nursing or practical nursing;

1653 (b) Administering a reprimand;

1654 (c) Suspending or restricting the license or other
1655 authorization to practice as a registered nurse or licensed
1656 practical nurse for up to two (2) years without review;

1657 (d) Revoking the license or other authorization to
1658 practice nursing or practical nursing;

1659 (e) Requiring the discipline to submit to care,
1660 counseling or treatment by persons and/or agencies approved or
1661 designated by the board as a condition for initial, continued or



1662 renewed licensure or other authorization to practice nursing or
1663 practical nursing;

1664 (f) Requiring the discipline to participate in a
1665 program of education prescribed by the board as a condition for
1666 initial, continued or renewed licensure or other authorization to
1667 practice;

1668 (g) Requiring the discipline to practice under the
1669 supervision of a registered nurse for a specified period of time;
1670 or

1671 (h) Imposing a fine not to exceed Five Hundred Dollars
1672 (\$500.00).

1673 (3) In addition to the grounds specified in subsection (1)
1674 of this section, the board shall be authorized to suspend the
1675 license or privilege to practice of any licensee for being out of
1676 compliance with an order for support, as defined in Section
1677 93-11-153. The procedure for suspension of a license or privilege
1678 to practice for being out of compliance with an order for support,
1679 and the procedure for the reissuance or reinstatement of a license
1680 or privilege to practice suspended for that purpose, and the
1681 payment of any fees for the reissuance or reinstatement of a
1682 license or privilege to practice suspended for that purpose, shall
1683 be governed by Section 93-11-157 or 93-11-163, as the case may be.
1684 If there is any conflict between any provision of Section
1685 93-11-157 or 93-11-163 and any provision of this article, the



1686 provisions of Section 93-11-157 or 93-11-163, as the case may be,
1687 shall control.

1688 (4) If the public health, safety or welfare imperatively
1689 requires emergency action and the board incorporates a finding to
1690 that effect in an order, the board may order summary suspension of
1691 a license pending proceedings for revocation or other action.
1692 These proceedings shall be promptly instituted and determined by
1693 the board.

1694 (5) The board may establish by rule an alternative to
1695 discipline program for licensees who have an impairment as a
1696 result of substance abuse or a mental health condition, which
1697 program shall include at least the following components:

1698 (a) Participation in the program is voluntary with the
1699 licensee, and the licensee must enter the program before the board
1700 holds a disciplinary action hearing regarding the licensee;

1701 (b) The full cost of participation in the program,
1702 including the cost of any care, counseling, treatment and/or
1703 education received by the licensee, shall be borne by the
1704 licensee;

1705 (c) All of the procedures and records regarding the
1706 licensee's participation in the program shall be confidential,
1707 shall not be disclosed and shall be exempt from the provisions of
1708 the Mississippi Public Records Act of 1983; and



1709 (d) A licensee may not participate in the program more
1710 often than one (1) time during any period of five (5) years or
1711 such longer period as set by the board.

1712 (6) A nurse practitioner who provides a written
1713 certification as authorized under the Mississippi Medical Cannabis
1714 Act and in compliance with rules and regulations adopted
1715 thereunder shall not be subject to any disciplinary action under
1716 this section solely due to providing the written certification.

1717 **SECTION 36.** Section 41-21-131, Mississippi Code of 1972, is
1718 brought forward as follows:

1719 41-21-131. As used in Sections 41-21-131 through 41-21-143,
1720 the following terms shall have the meanings as defined in this
1721 section:

1722 (a) "Crisis Intervention Team" means a community
1723 partnership among a law enforcement agency, a community mental
1724 health center, a hospital, other mental health providers,
1725 consumers and family members of consumers.

1726 (b) "Participating partner" means a law enforcement
1727 agency, a community mental health center or a hospital that has
1728 each entered into collaborative agreements needed to implement a
1729 Crisis Intervention Team.

1730 (c) "Catchment area" means a geographical area in which
1731 a Crisis Intervention Team operates and is defined by the
1732 jurisdictional boundaries of the law enforcement agency that is
1733 the participating partner.



1734 (d) "Crisis Intervention Team officer" or "CIT officer"
1735 means a law enforcement officer who is authorized to make arrests
1736 under Section 99-3-1 and who is trained and certified in crisis
1737 intervention and who is working for a law enforcement agency that
1738 is a participating partner in a Crisis Intervention Team.

1739 (e) "Substantial likelihood of bodily harm" means that:

1740 (i) The person has threatened or attempted suicide
1741 or to inflict serious bodily harm to himself; or

1742 (ii) The person has threatened or attempted
1743 homicide or other violent behavior; or

1744 (iii) The person has placed others in reasonable
1745 fear of violent behavior and serious physical harm to them; or

1746 (iv) The person is unable to avoid severe
1747 impairment or injury from specific risks; and

1748 (v) There is substantial likelihood that serious
1749 harm will occur unless the person is placed under emergency
1750 treatment.

1751 (f) "Single point of entry" means a specific hospital
1752 that is the participating partner in a Crisis Intervention Team
1753 and that has agreed to provide psychiatric emergency services and
1754 triage and referral services.

1755 (g) "Psychiatric emergency services" means services
1756 designed to reduce the acute psychiatric symptoms of a person who
1757 is mentally ill or a person who has an impairment caused by drugs



or alcohol and, when possible, to stabilize that person so that continuing treatment can be provided in the local community.

(h) "Triage and referral services" means services designed to provide evaluation of a person with mental illness or a person who has an impairment caused by drugs or alcohol in order to direct that person to a mental health facility or other mental health provider that can provide appropriate treatment.

(i) "Comprehensive psychiatric emergency service" means a specialized psychiatric service operated by the single point of entry and located in or near the hospital emergency department that can provide psychiatric emergency services for a period of time greater than can be provided in the hospital emergency department.

(j) "Extended observation bed" means a hospital bed that is used by a comprehensive psychiatric emergency service and is licensed by the State Department of Health for that purpose.

(k) "Psychiatric nurse practitioner" means a registered nurse who has completed the educational requirements specified by the State Board of Nursing, has successfully passed either the adult or family psychiatric nurse practitioner examination and is licensed by the State Board of Nursing to work under the supervision of a physician at a single point of entry following protocols approved by the State Board of Nursing.

(l) "Psychiatric physician assistant" means a physician assistant who has completed the educational requirements and



passed the certification examination as specified in Section 73-26-3, is licensed by the State Board of Medical Licensure, has had at least one (1) year of practice as a physician assistant employed by a community mental health center, and is working under the supervision of a physician at a single point of entry.

SECTION 37. Definitions. As used in Sections 36 through 42 of this act, unless the context otherwise requires:

(a) "Anesthesiologist" means a physician who is licensed under Section 73-25-1 et seq. and who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

(b) "Anesthesiologist assistant" means a person who meets the requirements of Section 38 of this act and is board-approved to assist in the practice of medicine under the delegation of an anesthesiologist.

(c) "Assists" means the anesthesiologist assistant personally performs those duties and responsibilities delegated by the anesthesiologist.

(d) "Board" means the State Board of Medical Licensure.

(e) "Supervision" means the availability of a physician anesthesiologist who can delegate, coordinate, direct or consult, and oversee the implementation of the anesthesiologist's intentions.



1807 (f) "Certification examination" means the initial
1808 certifying examination approved by the board for the certification
1809 of anesthesiologist assistants, including the examination
1810 administered by the National Commission for the Certification of
1811 Anesthesiologist Assistants or another national anesthesiologist
1812 assistant certifying agency that has been reviewed and approved by
1813 the board.

1814 **SECTION 38. Board; powers and duties.** (1) The board shall
1815 review and determine the qualifications and fitness of all persons
1816 applying for a license to practice as an anesthesiologist
1817 assistant.

1818 (2) The board shall:

1819 (a) Grant, deny, revoke and reinstate licenses of
1820 anesthesiologist assistants;

1821 (b) Investigate allegations that an anesthesiologist
1822 assistant or the supervising anesthesiologist has engaged in
1823 conduct constituting a ground for revocation;

1824 (c) Conduct informal interviews and hearings;

1825 (d) Adopt rules governing the practice of
1826 anesthesiologist assistants; and

1827 (e) Retain jurisdiction over only those licensees to
1828 whom temporary or full licenses are granted under Sections 36
1829 through 42 of this act, regardless of whether the license has
1830 expired, has lapsed or was relinquished during or after any
1831 alleged occurrence of conduct.



(3) The board shall establish a position to be filled by an anesthesiologist assistant licensed under Sections 36 through 42 of this act.

SECTION 39. Licensure; use of title; temporary license; temporary licensure; fees. (1) A person may not practice in this state as an anesthesiologist assistant or use the title or represent that the person is a certified anesthesiologist assistant, anesthesiologist assistant or use the abbreviation "C.A.A." or "A.A." without having a license granted by the board under Sections 36 through 42 of this act.

(2) The board may grant an anesthesiologist assistant license to an applicant who:

(a) Graduated from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organization;

(b) Satisfactorily completed a certification examination administered by the National Commission for the Certification of Anesthesiologist Assistants or another national certifying agency that has been reviewed and approved by the board and that is currently certified;

(c) Completes an application form; and

(d) Pays the required application and licensure fees as prescribed by the board in rule.



(3) A license issued under Sections 36 through 42 of this act, other than a temporary license, is valid for a period of one (1) year. A licensee shall renew the license every other year on or before June 30 by completing and submitting to the board a renewal application form as prescribed by the board and the prescribed renewal fee before the current license expires. The board shall provide renewal notices to licensees at least one (1) month before the expiration date.

(4) The board may reinstate a lapsed license if the applicant pays a reinstatement fee as prescribed by the board in rule and meets the requirements for initial licensure.

(5) The board may issue a temporary license to any person who:

(a) Completes a temporary license application;

(b) Pays the required temporary license fee as prescribed by the board in rule; and

(c) Successfully completes a Commission on Accreditation of Allied Health Education program or another board-approved program for educating and training anesthesiologist assistants but who has not passed a certification examination.

The person shall take the next available certification examination after receiving a temporary license. A temporary license may not be issued for a period of more than six (6) months and is subject to any other requirements that the board adopts by rule.



SECTION 40. Scope of practice.

(1) This section does not apply to persons who are enrolled in an anesthesiologist assistant education program approved by the board.

(2) An anesthesiologist assistant may assist in the practice of medicine only under the supervision of an anesthesiologist. The anesthesiologist assistant may perform only those duties and responsibilities delegated to the anesthesiologist assistant by the supervising anesthesiologist.

(3) The supervising anesthesiologist shall be allowed to supervise anesthesiologist assistants in a manner consistent with federal rules or regulations for reimbursement for anesthesia services.

(4) The supervising anesthesiologist shall be immediately available to the anesthesiologist assistant who assists in the delivery of medical care such that the supervising anesthesiologist is able to intervene if needed.

(5) An anesthesiologist assistant's practice may not exceed his or her education and training, and the scope of practice of the supervising anesthesiologist. A medical care task assigned by the supervising anesthesiologist to the anesthesiologist assistant may not be delegated by the anesthesiologist assistant to another person.

(6) A supervising anesthesiologist shall delegate to an anesthesiologist assistant any duties required to develop and implement a comprehensive anesthesia care plan for a patient.



(7) Sections 36 through 42 of this act do not prevent an anesthesiologist assistant from having access to and being able to obtain prescription drugs as directed by the supervising anesthesiologist.

SECTION 41. Regulation of licensure. (1) The board may refuse to renew and may revoke, suspend or restrict a license or take other disciplinary action, including imposing conditions or restrictions on a license under Sections 36 through 42 of this act and the rules adopted under Sections 36 through 42 of this act.

(2) If the board determines that a person is ineligible for licensure, that an application for licensure should be denied, that a license should be suspended or that any other action should be taken on a current license, the board shall adopt and enter its written order and findings.

SECTION 42. Reinstatement of license; requirements. (1) The board may issue a new license to an anesthesiologist assistant whose license was previously revoked by the board if the applicant applies in writing to the board and demonstrates to the board's satisfaction that the applicant is completely rehabilitated with respect to the conduct that was the basis for the revocation. In making its decision, the board shall determine:

(a) That the applicant has not engaged in any conduct during the revocation period that would constitute a basis for revocation under rules adopted by the board;



1930 (b) If a criminal conviction was a basis of the
1931 revocation, that the applicant's civil rights have been fully
1932 restored pursuant to statute or any other applicable recognized
1933 judicial or gubernatorial order;

1934 (c) That the applicant has made restitution to any
1935 aggrieved person as ordered by a court of competent jurisdiction;
1936 and

1937 (d) That the applicant demonstrates any other standard
1938 of rehabilitation the board determines is appropriate.

1939 (2) Except as provided in subsection (3) of this section, a
1940 person may not apply for license reinstatement earlier than one
1941 (1) year after the date of revocation.

1942 (3) If a license revocation was based on a conviction of a
1943 felony or an offense involving moral turpitude and that conviction
1944 has been reversed on appeal, the board shall vacate its previous
1945 order to revoke the license and the anesthesiologist assistant may
1946 apply for reinstatement as soon as the court enters the reversal.

1947 (4) An applicant for reinstatement shall comply with all
1948 initial licensure requirements prescribed by Sections 36 through
1949 42 of this act and rules adopted by the board under Sections 36
1950 through 42 of this act.

1951 **SECTION 43. Unauthorized practice; violation; penalties.**

1952 Any person practicing as an anesthesiologist assistant or
1953 representing that he or she is an anesthesiologist assistant
1954 without a license, or any person employing an unlicensed person to



1955 practice as an anesthesiologist assistant, is guilty of a
1956 misdemeanor and, upon conviction, shall be punished by a fine of
1957 not more than One Thousand Dollars (\$1,000.00) or by imprisonment
1958 in the county jail for not more than one (1) year, or both. Each
1959 violation constitutes a separate offense for which the penalty in
1960 this section may be assessed.

1961 **SECTION 44.** This act shall take effect and be in force from
1962 and after July 1, 2025, and shall stand repealed on June 30, 2025.

