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Risk Manager Alert

May 2017

Mississippi Board of Medical Licensure Announces Changes to Administrative Code

The Mississippi Board of Medical Licensure (MSBML) has amended the Administrative Code. The changes that we believe affect our insureds the most are those related to **physician assistants (PA)**, specifically the following:

1. The change in language now specifies a mileage range (30 miles) within which PAs are allowed to practice relative to their supervising physician.

2. A rule change has eliminated the stipulation that a physician could only supervise a maximum of two (2) physician assistants or combination of physician assistant and nurse practitioner. Now, there is no stated limit.

The majority of the changes update and clarify the language of the regulations.

Following are highlights of the changes that may affect your practice. These changes went into effect on or about April 13, 2017, or, in the case of Part 2635, on or about May 4, 2017.

We recommend you go to the MSBML website to view the full regulations with the changes and evaluate how these changes will affect your practice.

Click here to access the full regulations. From this page, you can click on each part for additional details.

If you have any questions about the regulations, we advise you to contact the Board of Medical Licensure for clarifications at mboard@msbml.ms.gov or (601) 987-3079.

TITLE 30: PROFESSIONS AND OCCUPATION

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic and Osteopathic Physicians

Rule 1.1 Licensure by Credentials. Eliminates personal interview but requires submission of fingerprints for criminal background check.
Rule 3.2 Limited Institutional Licensure. Requires submission of fingerprints for criminal background check.
Rule 4.1 Military Applicants. Requires submission of fingerprints for criminal background check. Requires submission of proof of military service.

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.3 Qualifications for Licensure. Eliminates personal interview requirement but requires submission of fingerprints for criminal background check. Revises other qualifications for applicants.
Rule 1.6 Supervision. Removes requirement for personal appearance before the Board by the physician assistant and the supervising physician.
Rule 1.7 Supervising Physician Limited. Clarifies the language of the geographical limitation for supervision from “within the same community” to “within 30 miles”.

Rule 1.8 Number of Physician Assistants Supervised. Eliminates this section that refers to the number of physician assistants that can be supervised and language about co-supervision of nurse practitioners.

Part 2620 Chapter 1: The Practice of Radiologist Assistants

Rule 1.3 Qualifications for Licensure. Eliminates the requirement to have references from two (2) physicians.

Rule 1.4 Supervision. Eliminates the requirement of a personal appearance before the Board or Executive Director by the supervising radiologist.

Part 2625: Chapter 1: The Practice of Acupuncture

Rule 1.1 Scope. Outlines the elements of a doctor-patient relationship that must be present if a physician practices acupuncture.

Rule 1.3 Qualifications for Licensure. Eliminates personal interview requirement but requires submission of fingerprints for criminal background check.

Rules 1.5 Patient Records. Changes and clarifies requirements for documentation to demonstrate a valid acupuncturist-patient relationship.

Rule 1.10 Violations. Addresses consequences if continuing education deficiencies are found.

Part 2635: Chapter 1 Surgery/Post-Operative Care

Rule 1.2 Definitions. Clarifies the definition of "surgery" to match the definition used in subsequent Rules. Specific examples include, but are not limited to: suture of tissue, closed reduction of a fracture, extraction of tissue including premature extraction of the products of conception from the uterus, insertion of natural or artificial implants, and endoscopic procedures.

Part 2635: Chapter 2 Office Based Surgery

Rule 2.3 General Requirements for Office Surgery.

- Changes the amount of fat removed in tumescent liposuction procedure from a specified range to that of the recognized standard of care.
- Now requires (rather than prefers) that morbidly obese patients should have liposuction performed in a hospital setting unless the surgeon can document a significant advantage to an alternative setting.
- Adds requirement for offices that perform only Level I procedures to maintain the same policy and procedure manual as already required for Levels II and III procedures.
- Now requires (rather than strongly recommends) that office surgery facilities adhere to recognized standards of the relevant professional societies.

Rule 2.4 Level I Office Surgery. Adds requirement that equipment and skills to establish intravenous access must be available if any medications are administered other than epinephrine, corticosteroids, antihistamines, or atropine.

Rules 2.5 and 2.6 Level II/III Office Surgery.

- Now requires a written transfer agreement with a hospital.
- Removes the exception for a surgeon who has privileges with the hospital.
- Clarifies that the surgeon's Board certification should include training in the procedures performed in the office setting.
- Revises the requirement for Advanced Cardiac Life Support trained staff.
- Changes sterilization equipment requirements from "appropriate" to "meeting Joint Commission requirements".

- Clarifies that a nurse providing sedation cannot function in any other capacity during the procedure.
- Expands the definition of Major Conduction Anesthetic to include "any block of a nerve or plexus more proximal than the hip or shoulder joint including visceral nerve blocks."

Part 2635: Chapter 4 Chelation Therapy. Further clarifies the use of EDTA (ethylenediaminetetraacetic acid) if outside of FDA approved clinical indications.

Part 2635: Chapter 5 Practice of Telemedicine. Clarifies that physicians outside of Mississippi who interpret clinical laboratory studies or pathological and histological studies at the request of a Mississippi licensed physician are not practicing telemedicine and, therefore, those physicians are not required to have a Mississippi license.

Part 2635 Chapter 6 Electrodiagnostic Testing (formally Electromyography). Simplifies and updates the language.

Part 2635 Chapter 7 Internet Prescribing. Eliminates all exceptions to the requirement that a physician must perform a thorough medical history and appropriate physical examination before prescribing any medication. The exceptions no longer allowed include prescribing for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment.

Part 2635 Chapter 9 Community-Based Public Immunization Program

Rule 9.2 Position. Clarifies who can provide the vaccination under the supervision of a physician and the requirements of that physician.

Part 2635 Chapter 10 Release of Medical Records

Rule 10.2 Medical Records – Property of Licensee. Addresses custodianship of records if physician is employed or contracted.

Rule 10.6 Duplication and Administrative Fees. Eliminates language addressing fees for depositions and medical record affidavits.

Rule 10.7 Exclusion. Adds third party payers and administrators to this section.

Part 2635 Chapter 11 Prevention of transmission of HBV, HCV and HIV to Patients. This section has been eliminated.

Part 2635 Chapter 12 Physician Advertising

Rule 12.3 Requirements.

- Adds office signage as a form of advertisement and requirements thereto.
- Revises the language related to claims of being a specialist in a particular field.

MACM Offers Course on the Mississippi PMP

How much do you know about the Mississippi Prescription Monitoring Program (PMP)? Are you aware of how often the PMP can help in your practice? MACM now has an option for you!

To help you navigate the PMP, MACM has an online program for our insureds and anyone else in the practice that may be interested. Through this online course, you will learn the types of

information accessible through the PMP; guidelines for best utilization of the PMP; and how to address some of the most prevalent risk management issues that often go hand-in-hand with prescribing controlled substances.

Click here to access the online course.

The practice of medicine is not what it used to be. In these trying times in healthcare, your Risk Management staff is here to help you. We will stay up-to-date on the issues affecting our insureds. As always, if there is any way that we in Risk Management can assist you, do not hesitate to let us know.

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Disclaimer: Nothing contained herein is to be interpreted as legal advice. Likewise, nothing contained herein is intended to establish the standard of care for physicians practicing in Mississippi.