

XXVII. REGULATIONS PERTAINING TO EMERGENCY TELEMEDICINE WITHIN THE STATE

A. SCOPE/PURPOSE

These regulations apply to only those individuals licensed to practice medicine or osteopathic medicine in the State of Mississippi and who are performing duties as employees of the University of Mississippi Medical Center. This regulation does not authorize any communication across state lines.

B. DEFINITIONS

For the purpose of Article XXVII only, the following terms have the meanings indicated:

1. “Physician” means any person licensed to practice medicine or osteopathic medicine in the State of Mississippi.
2. “Telemedicine” is the diagnosis or treatment of human injury, illness and diseases using interactive audio, video or data communications by electronic or other means.
3. “Teleemergency medicine” is a unique combination of telemedicine and the collaborative/supervisory role of a physician Board certified in emergency medicine, and an appropriate skilled health professional (Nurse Practitioner or Physician Assistant).

C. BOARD REVIEW

The same requirements as outlined in Article XIII shall apply.

D. COLLABORATIVE/SUPERVISING PHYSICIAN LIMITED

No physician practicing teleemergency medicine shall be authorized to function in a collaborative/supervisor role as outlined in Article XIII unless his or her practice location is a level 1 hospital trauma center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty (30) or fewer Acute Care/Medical Surgical occupied beds as defined by their Medicare Cost Report.

E. REPORTING REQUIREMENTS

Quarterly reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure. The Board of Nursing requires, in addition to these regulations, submission of quarterly reports to the Board of Nursing and reserves the right to re-evaluate and change reporting requirements, if need be.

F. EFFECTIVE DATE OF REGULATION

This above rules and regulations pertaining to telemergency medicine shall become effective October 18, 2002.

Amended January 30, 2006.