

NOTICE OF PROPOSED RULE ADOPTION

**STATE OF MISSISSIPPI
{INSERT AGENCY NAME}
{Optional Insert Agency Division or Department}**

{Insert Name of Agency}
c/o {Insert Name of Agency Contact Person}
{Insert Address line 1}:
{Insert Address line 2}
{Insert Address line 3}
{Insert Address line 4}
{Insert Telephone Number}
{Insert e-mail address}:

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule _____ }
Reference to Rules repealed, amended or suspended by the Proposed Rule :{ Insert citation to specific rule(s) repealed, amended or suspended _____ }

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: {Insert Date} Time: {Insert Time}
Place: {Insert Place}

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least ____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

- The agency has determined that an economic impact statement is not required for this rule, or
- The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: {Insert Date}

Proposed Effective Date of Rule: {Insert Date}

Signature and Title of Person Submitting Rule for Filing

XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS

A. SCOPE

1. The following regulations pertain to Physician Assistants practicing medicine with physician supervision. Physician Assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).
2. Physician Assistants may provide any medical service which is delegated by the supervising physician when the service is within the Physician Assistant's training and skills; forms a component of the physician's scope of practice; and is provided with supervision.
3. Physician Assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

B. DEFINITIONS

1. For the purpose of Article XXII only, the following terms have the meanings indicated:
 - a. "Board" means the Mississippi State Board of Medical Licensure.
 - b. "Physician Assistant" means a person who meets the Board's criteria for licensure as a Physician Assistant and is licensed as a Physician Assistant by the Board.
 - c. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise Physician Assistants.
 - d. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a Physician Assistant.
 - e. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.

- f. “NCCPA” means the National Commission on Certification of Physician Assistants.
 - g. “PANCE” means the Physician Assistant National Certifying Examination.
 - h. ”CAAHEP” means the Commission on Accreditation of Allied Health Education Programs.
 - i. “Predecessor or Successor Agency” refers to the agency responsible for accreditation of educational programs for Physician Assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.
2. Masculine terms wherever used in this regulation shall also be deemed to include the feminine.

C. QUALIFICATIONS FOR LICENSURE

1. Pursuant to Section 73-43-11, Mississippi Code (1972) Annotated, all Physician Assistants who are employed as Physician Assistants by a Department of Veterans Affairs health care facility, a branch of the United States military, or the Federal Bureau of Prisons and who are practicing as Physician Assistants in a federal facility in Mississippi on July 1, 2000, and those Physician Assistants who trained in a Mississippi Physician Assistant program and have been continuously practicing as a Physician Assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the Board by December 31, 2000, and meet the following additional requirements:
- a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
 - b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
 - c. Pays the appropriate fee as determined by the Board.
 - d. Presents a certified copy of birth certificate.

- e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
- f. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a Physician Assistant.
- g. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
- h. No basis or grounds exist for the denial of licensure as provided at Article N below.

Physician Assistants licensed under this subsection will be eligible for license renewal so long as they meet standard renewal requirements.

- 2. Before December 31, 2004, applicants for Physician Assistant licensure, except those licensed pursuant to the paragraph above, must be graduates of Physician Assistant educational programs accredited by the Commission on Accreditation of Allied Health Educational Programs or its predecessor or successor agency, have passed the certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA), have current NCCPA certification, and possess a minimum of a baccalaureate degree, and meet the following additional requirements:
 - a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
 - b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
 - c. Pays the appropriate fee as determined by the Board.
 - d. Presents a certified copy of birth certificate.
 - e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
 - f. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a

Physician Assistant.

- g. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
- h. No basis or grounds exist for the denial of licensure as provided at Article N below.

Physician Assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

- 3. On or after December 31, 2004, applicants for Physician Assistant licensure must meet the following requirements:
 - a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
 - b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
 - c. Pays the appropriate fee as determined by the Board.
 - d. Presents a certified copy of birth certificate.
 - e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
 - f. Possesses a master's degree in a health-related or science field.
 - g. Has successfully completed an educational program for Physician Assistants accredited by CAAHEP or its predecessor or successor agency.
 - h. Passed the certification examination administered by the NCCPA and have current NCCPA certification.
 - i. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a Physician Assistant.
 - j. Must have favorable references from two (2) physicians licensed in

the United States with whom the applicant has worked or trained.

k. Must appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and successfully pass the Jurisprudence Examination as administered by the Board.

kl. No basis or grounds exist for the denial of licensure as provided at Article N below.

4. Temporary License

a. The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results.

b. A temporary license is valid:

(1) for one hundred eighty (180) days from the date of issuance;

(2) until the results of an applicant's examination are available; or

(3) until the Board makes a final decision on the applicant's request for licensure, whichever comes first. The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.