

Occupational Licensing Review Commission Meets; Discuss Board of Medical Licensure Regulations

The Occupational Licensing Review Commission (OLRC) met on Wednesday to discuss two proposed regulations filed with the Secretary of State's office by the MS Board of Medical Licensure (Board): [Proposed Part 2630 Collaboration](#) and [Proposed Part 2640: Prescribing, Administering and Dispensing](#).

Governor Phil Bryant chaired the meeting while legal staff for Secretary of State Hosemann and Attorney General Hood served as proxies.

Part 2630

The OLRC first discussed *Part 2630: Collaboration*. These proposed regulations call for the removal of the mileage requirement between a collaborating physician and an APRN providing primary care services. The current mileage requirement is 75 miles. The Board defines primary care as: Family Practice, General Internal Medicine, and/or General Pediatrics.

The Board proposed these regulations in response to growing pressure from the legislature.

The OLRC asked if these regulations would impact telemedicine delivery. The Board representatives, including Dr. Randy Easterling, Dr. Claude Brunson and Dr. Ken Cleveland, answered that these regulations would not interfere with telemedicine and that telemedicine regulations are separate from the collaboration regulations.

Governor Bryant noted that Proposed Part 2640 seemed to be good regulations and should not have any issues passing the OLRC.

Part 2640

The OLRC then considered *Proposed Part 2640: Prescribing, Administering and Dispensing*. Governor Bryant asked if the OLRC could go through the regulations one rule at a time with the idea that the OLRC could approve non-controversial rules and consider other rules within the regulation that were controversial. The OLRC agreed.

There was intense debate over the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management Practice—particularly with the 30% provision which triggers a designation as a weight loss practice. The Board explained this would not be an issue but members of the OLRC appeared to have concerns that this would create an issue for primary care and psychiatric physicians, who as part of their care, give weight loss instructions to their patients.

The OLRC questioned the Board on the mandate that physicians use the MS Prescription Monitoring Program.

The OLRC questioned the Board on the mandate that point of service drug testing on patients—with an emphasis on the economic impact that would be placed on the physician and patient. Dr. Easterling suggested the testing would cause a minimal economic impact on a physician's practice.

The OLRC discussed provision *Rule 1.11 Prescription Guidelines-All Medications*. There was concern presented to the OLRC that Part A. of *Rule 1.11* was drafted poorly and causes confusion for telemedicine providers. There was a request made to the OLRC that the Board include in its *Rule 1.11* the Board's already existing *Rule 5.5* dealing with telemedicine to clarify.

There were also questions presented to the OLRC regarding “all initial encounters” included in *Rule 1.11*. “All initial encounters” is not defined in regulations and vague. The OLRC and Dr. Easterling agreed this language was vague and needed clarification.

The OLRC received numerous letters of concern from physician groups in response to proposed *Part 2640*. The OLRC also requested and reviewed the letters and testimony provided to the Board from both hearings held for *Part 2640* earlier in the year.

The OLRC announced it would review *Part 2640* and should have a response for the Board within two to three weeks.

Telemergency Services

The OLRC also discussed the Board’s regulations mandating that only the University of Mississippi Medical Center could provide telemergency services in the state as a Trauma I hospital. Representatives from Merit Hospital System were in attendance and asked that the OLRC look into the Board’s regulations on telemergency. The Executive Director of the Board, Dr. Cleveland, snapped back that this was not the venue and Merit should know better than to bring this type of complaint to the OLRC when those regulations have not been released yet. Governor Bryant countered that he wanted to hear more about telemergency and why hospitals are not being allowed to provide these services due to restrictive Board regulations. Dr. Brunson suggested Trauma III and IV hospitals were no equipped to handle telemergency service. Governor Bryant insisted that patients are going to rural hospitals regardless if it has telemergency services.

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