



Mississippi Association
of Nurse Practitioners

ADVANCING

Practice

A Quarterly Publication, Summer 2025, Vol. 4, Issue 3

Our Board

Membership Options

Annual Membership \$300

Monthly Membership (12-payments) \$25

NP Student Annual Membership \$100

Retired NP Annual (65 +, not in practice) \$150

Affiliate membership (Non-NP supporter) \$300

**Our low membership dues have
NOT increased since 2014!**

Membership dues go directly to promoting the NP profession. We encourage you to participate actively in your professional specialty organization. We need your help to move your profession forward. Collectively, we can make a difference while protecting the progress we make in Mississippi's healthcare.



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MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently to provide advocacy, education, and networking to nurse practitioners throughout the state. Our Board is comprised of volunteer nurse practitioners elected by the organization's members. We recognize the importance of NPs in the provision of healthcare, the need for enhanced visibility, and legislative influence at local, state, and federal levels. We provide you with the highest continuing educational opportunities. Our members participate in key NP decision-making roles across the state. Mississippi Association of Nurse Practitioners is *your* specialty association devoted entirely to Nurse Practitioners. Join us today and make a difference in Mississippi.

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CLINIC FOR SALE



Tupelo Medical Park Circle Building
5,456 sq. ft. for \$815,000

Coldwell Banker Southern Real Estate
Contact: Duke Loden, Comm. Broker
Cell #662-321-9173
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(Click to Jump to Page)

Multi-Generational
Workforce
Robert Ware DNP



Multiple Sclerosis



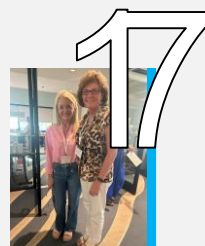
New Regulation and the CAQH
Provider Portal
Tina Highfill, DNP, FNP-B



MANP Elections Oct. 1-30
Members Only



Annual Conference &
Membership Meeting
July 14-16



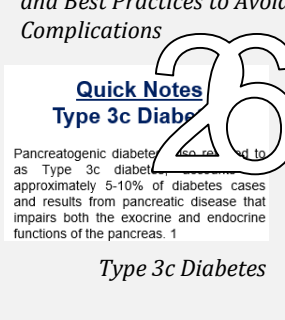
2025 MANP Award
Recipients



IV Hydration: Prioritizing
Regulatory Compliance
and Best Practices to Avoid
Complications



MS PMP
Prescriber Notice



Pancreatogenic diabetes is also referred to as Type 3c diabetes and accounts for approximately 5-10% of diabetes cases and results from pancreatic disease that impairs both the exocrine and endocrine functions of the pancreas. 1

Type 3c Diabetes



Robert Ware, DNP, MHA, CEN, ACNP-AG, FNP-BC

There have been many changes in healthcare over the past five to ten years. Reimbursement is constantly changing, staffing resources go through peaks and valleys, and regulations from state and federal governments are ever-present. However, there is one change that we seldom think about but has a significant impact on our work: the multi-generational workforce and how it influences everything.

If you own a clinic or manage a team of advanced practice providers, the dynamics are probably more noticeable. However, if you are not in a

managerial or ownership position, you likely still observe the interactions within your peer group. There is no simple solution for blending five generations into one workforce. At best, we understand how each generation views work.

There are currently five generations in the workforce today: Traditionalists (born before 1946), Baby Boomers (born 1946–1964), Gen X (born 1965–1980), Millennials (born 1981–2000), and Gen Z (born 2001–2020-1). The birth years may vary by a year or two depending on the source, but the core values and

beliefs remain consistent. This is likely the first time in history that this has happened. People are staying in the workforce longer. Some individuals today will see the entry of the sixth generation, Gen Alpha (born 2010–present), into the workforce(2). How do healthcare organizations, clinic owners, and educators maintain quality care when five to six generations with different views, values, and goals are working together?

Let's examine the four main generations in the workforce, their value systems, and perspectives. There are no simple answers for managing or working alongside different generations. However, understanding what they value and their attitudes toward work might offer insights into how to collaborate effectively with each generation while delivering quality care.

Baby Boomers, or Boomers (born 1946–1965), witnessed the invention of the television, men landing on the moon, and the turmoil caused by the Vietnam War. Their values include working hard and being loyal to the “company.” Boomers seek security and upward mobility in their careers (3). Some individuals in the workforce will recognize these individuals as the grandparents and parents.

The Generation X workforce was born between 1966 and 1980. This group grew up during the era of Nintendo, MTV, and personal computers. They also experienced the end of the Cold War. Gen Xers are generally adaptable, resourceful, and independent. A Gen X employee or peer wants to know their current career options and will change jobs if they believe the pay is better. Work-life balance is important to Gen Xers, so don't expect them to work extra shifts if it conflicts with their personal life.

Millennials were born between 1981 and 1996 and are also known as Generation Y. You might recognize them as your children or grandchildren. For this generation, work is simply a way to support their lives, and they value flexibility and growth opportunities. They are probably the most challenging for the Boomer generation because they expect loyalty from their employers. However, Millennials tend to change jobs and career paths often and quickly. The bright side for Boomers is that this generation is tech-savvy and team-oriented, which can be advantageous. Despite differences, Boomers, Gen Xers, and Millennials have some common experiences, such as living through natural disasters, witnessing the rise of mobile technology, and grappling with questions about diversity and equity (3).

Generation Z individuals were born between 1996 and 2012. The Gen Z workforce are multitaskers and frequently change jobs. They want to make an impact. They do require structure. Their work is always evolving. They are entrepreneurs, diverse, and comfortable in the digital world. Once again, this generation, along with Millennials, can be an asset to Boomers because of the evolving electronic and digital world of healthcare.

As stated earlier, there is no easy answer. At best, we each understand how the other generation views work and life.

Baby Boomers make up about 19% of today's workforce. They take pride in their years of experience and contributions over their years of service. Boomers prefer face-to-face communication, respond to recognition, and look for a strong work ethic. They appreciate well-defined roles and a clear chain of command. They prefer structure in an environment to feel engaged and comfortable (4).

Generation X, making up about 37% of the nursing workforce, requires frequent, honest feedback and freedom to drive and manage their responsibilities or projects. They see value in communication face-to-face. They seek a balance of autonomy and collaboration. They are also known for their desire to strike work-life balance (4). They also bring the advantage of

technology and frequently adopt new technology and processes.

Millennials want mentorship, demand immediate feedback, are comfortable working remotely, prefer communicating through technology, and seek work-life balance. They currently contribute to about 35% of the nursing workforce. They aim for clear career development paths while balancing home life priorities. They are tech-savvy and seek ways to improve and shorten processes (4).

Generation Z individuals leverage their ability to succeed in the digital age with virtual teams, job rotations, and cross-training. Like the Boomers and Gen Xers, they prefer face-to-face feedback. They want it to be prompt, timely, and frequent. Gen Z also likes a mix of in-person and virtual collaboration. Transparency, inclusivity, and supportive leaders are essential. Gen-Zers make up about 6% of the current nursing workforce and are steadily increasing annually.

To be successful and provide quality care to the patients we serve, all generations need to make an extra effort to understand each other, leverage the strengths of each generation, put aside differences, accept our diversities, and prioritize the patient. Each generation impacts innovative ideas, which should increase productivity and mentoring

opportunities for other generational members. Communication is a must, and a lack of communication in the workplace leads to employee burnout and disengagement. Resolve conflicts immediately and provide transparency.

Don't label your team members as entitled or resistant to change. Take part in learning more effective communications and be proactive, focusing on the strengths rather than the biases. Conflicts will still occur, but how you respond to the conflict can foster or damage the overall team.

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Photo Credit: submitted by author



**Robert Ware, DNP, MHA,
CEN, ACNP-AG, FNP-BC**

Dr. Robert Ware is the Director of Operations for the Mississippi Baptist Hospitalist Program, which employs 33 hospitalists, 2 Neuro-Hospitalist, 14 nurse practitioners, and 4 RNs. Dr. Ware serves as Adjunct Faculty at Baptist Health Science University in the Acute Care Nurse Practitioner Program. Dr. Ware is a MANP charter board member and has served as President, Vice-President, and Treasurer.



National
Multiple Sclerosis
Society

Multiple Sclerosis Rural Health Fact Sheet



Journey (right), diagnosed in 2016



Suri, diagnosed in 2018



Donna, diagnosed in 1989

Rural Health and MS

Multiple sclerosis (MS) is a chronic, inflammatory disease that involves immune-mediated attacks on the central nervous system. It is characterized by relapses and remissions of neurological symptoms and progression of functional disability over time. Abnormal immune activity creates inflammation and damages myelin sheaths, axons and oligodendrocytes.

Only 13% of those living in rural counties have full access to neurology care, and 83% living in rural areas live in MS specialist deserts. It is critical that rural health professionals recognize the early signs and symptoms of MS because early diagnosis changes the MS journey to allow for earlier treatment and better prognosis.

13%
have full access to
neurology care

83%
live in MS specialist
deserts

While the **cause of MS is unknown**, a combination of environmental and genetic factors may trigger immune dysregulation and contribute to a person's risk of developing the disease. **People of all racial and ethnic groups can develop MS.**

- Over **200 genes** have been identified that confer some increased risk for the development of MS.
- **Environmental factors include:** smoking (active and passive); Low vitamin D; Obesity in childhood and adolescence; and Epstein-Barr virus exposure.
- **Familial risk** is associated with MS:
 - » 0.3% for the general population
 - » 25% for an identical twin

Signs and Symptoms Consistent With MS

- **Visual:** optic neuritis, blurred vision, unilateral vision loss, oscillopsia, diplopia, nystagmus
- **Motor:** trunk/extremity weakness, spasticity, hyperreflexia, gait disturbance, imbalance
- **Sensory:** numbness, paresthesias, dysesthesias, Lhermitte's sign, squeezing around torso, proprioception deficits, trigeminal neuralgia
- **Cerebellar:** tremor, ataxia, incoordination
- **Bladder and Bowel Dysfunction:** urinary frequency, urgency or retention, incontinence, frequent UTI, and constipation
- **Mood and Cognition:** depression, anxiety or impairment of memory, attention, concentration or information speed processing



While MS is 3x more common
in women, people of all
genders get MS.

Most people are diagnosed
between the ages 20-50.



Nearly 1 million people
live with MS in the United States.

Diagnosis

MS is a clinical diagnosis:

- Medical history suggestive of CNS process
- Neurological exam findings

Paraclinical tests provide support:

- Magnetic resonance imaging
- Spinal fluid analysis
- Serum analysis

Diagnostic criteria:

- Dissemination in time and space: evidence that damage has occurred in at least two separate areas of the CNS at different points in time
- There must be no other explanation

Treatment

- Management of MS across the lifetime requires a comprehensive and holistic approach, including rehabilitation, specialty care and lifestyle management interventions.
- Disease modifying therapies are available to reduce the frequency of relapses and delay progression of disability.
- Relapses can be treated with high-dose glucocorticoids.
- Symptoms can be managed with medications and non-pharmacological strategies, like Physical therapy, Occupational Therapy, cognitive behavioral therapy and working with Speech Language Pathologists.

Lifestyle Interventions and Preventive Health Measures

- **Educate on modifiable risk factors**
 - » Smoking cessation
 - » Monitoring vitamin D level to ensure an optimal level is obtained
 - » Whole food diet — colorful fruits, vegetables, lean meat/seafood, whole grains
 - » Regular exercise routine — combination of aerobic, strength and stretching activity
 - » Stress reduction — meditation, mindfulness, breathing techniques
 - » Healthy sleep hygiene
 - » Social support and connection
- **Maintain consistent primary care engagement**
 - » MS is not typically a fatal disease. People with MS live an average of 7 years less than the general population due to disease complications or comorbidities. Complications and comorbidities can be managed and, in some cases, prevented with consistent primary care engagement.

Resources and Support



nationalMSSociety.org/PRC



nationalMSSociety.org/mrha



National
Multiple Sclerosis
Society

nationalMSSociety.org
1-800-344-4867

Updated 5/2025

CAQH

PROVIDER DATA PORTAL



CAQH Directory Management – Ensure your directory listings are accurate

New legislation has placed a greater emphasis on provider directory accuracy. Please make sure the practice location information in your CAQH profile is up to date. Health plans are using CAQH to collect and verify provider directory information.

If you are practicing at a new location, have a change to an existing location or are no longer practicing at a location,

please log in to the CAQH Provider Data Portal and make those changes. You may access the portal at <https://proview.caqh.org/Login/>

If your practice location information has not changed since your last attestation, you must click the 'No Change' button for each practice location in your list. A full attestation is not needed for these types of updates. Confirmed practice location data will be sent

to health plans upon clicking the save button.

While CMS has previously focused on Medicare and Medicaid directories, the No Surprises Act is a federal law that extends directory accuracy requirements to commercial plans. The Act also recognizes that ensuring directories are accurate is a shared responsibility of both plans and providers.

The regulations require providers to:

- Ensure timely submission of provider directory information.
- Update plans if there is a change to network status.

The regulations require plans to:

- Establish a process to verify provider directory information every 90 days.
- Make updates within two days of receipt from the provider.
- Implement a process to remove unverified providers every 90 days.

If you have questions, we encourage you to enroll in our free, on-demand training platform.

Once you log in to the CAQH Provider Data Portal, click the Help menu on the upper

right-hand side. Then click on Get Trained to sign up and get started!

You may also contact the Help Desk using the Chat feature in the portal or call CAQH toll-free at 888-599-1771. Please have your CAQH Provider ID available.

Live chat support is available through the portal Monday – Friday, 8:30 AM – 6:30 PM (EST). Automated chat support is available 24/7.

Phone support is available Monday – Friday 8:00 AM – 8:00 PM (EST).

CAQH Provider Data Portal



MANP

ELECTIONS

OCTOBER 1-30



2025 Slate of Candidates for Board Director Positions

The Board of Directors is the organizational body composed of four (4) Executive Officers [President, Vice-President, Secretary, and Treasurer] and six (6) Directors. Directors serve on a voluntary basis and are not compensated by the organization. Each Director is elected to fulfill a specific role and is expected to attend all regular Board meetings, typically held 4 to 6 times per year, as well as any special-called meetings.

Nominations were open from July 14, 2025, through July 30, 2025, 11:59pm CST. All nominees must have completed a Candidate

Packet prior to the deadline. All qualifying nominations were reviewed by the Board and approved as candidates by August 30th. Links to the electronic ballots will be issued on October 1, 2025, to the current email on file for all active members who were in good standing as of the opening of the MANP Membership Assembly Meeting held on July 14, 2025. Only electronic ballots from the MANP database will be accepted. No late or mail-in ballots will be considered. The elections will close October 30, 2025, at 11:59pm CST. The Board of Directors accepted and approved the candidates below

for inclusion on the election ballot. Nominees were accepted for the positions of Director 4 North, Director 5 South, Director 6 Central positions for the term 2026-2027. Candidate names and bios are posted on MANP's website for review and consideration per MANP policy.

Director 4, North (Unopposed)



Paula Miller, FNP-BC of Hernando, MS

Mrs. Miller has served on the MANP Board of Directors since 2020. She has assisted with hosting MANP Area 1 educational/ pharma programs since 2015. She has also served on the MANP PAC committee and other committees since 2015. Mrs. Miller has been a nurse in the medical field for over 40 years. She received her Associate's Degree, Baccalaureate, and Master's Degrees from Mississippi University for Women in Columbus. She obtained her Psychiatric Mental Health Nurse Practitioner post-master's certificate from the University of Southern Mississippi in Hattiesburg in 2024. She is certified as a Clinical Nurse Specialist as well as board-certified as a Nurse Practitioner through the American Nurse Credentialing Center. She has been a Family Nurse Practitioner since 1983. Her

practice experience includes family practice and public health in Mississippi as well as high-risk ob/gyn, burn and wound clinics, and hospitalist work in Omaha, Nebraska, a full practice authority state. She has served on prior boards for the MS State Dept. of Health, Nebraska Nurse Practitioners Education Committee, and Conference Planning Committees in Nebraska and MANP.

Director 5, CENTRAL (Unopposed)



Flora K. Green, MSN, AGNPC, Bolton, MS

Mrs. Green is an Adult Geriatric Primary Care Nurse Practitioner in the Jackson, MS, area. She earned her BSN from Alcorn State University in 2008 and her MSN from the University of Mississippi Medical Center in 2015. She has over 30 years of experience in healthcare. Mrs. Green's work experience is very diverse working in clinics, med/surg, trauma, telemetry, surgery, Insurance, and home health. As an NP, her practice includes a primary care clinic (serving the underserved), long-term care (LTC), and she is also a legal expert witness. Mrs. Green has been an active member of MANP since 2020. She has served on the MANP PAC

Committee and as past PAC Director. Mrs. Green has been active in MANP policy efforts since 2020, meeting with numerous legislators and policy leaders throughout the state to advance the NP role. Mrs. Green has served as a Geriatric Expert Content Panelist for the American Nurses Credentialing Center (ANCC) for over 4 years. She was also published in the Worldwide Leaders in Healthcare in 2018. She is a speaker/presenter for various healthcare groups. Mrs. Green was also recognized in the March 2020 edition of the Nurse Spotlight section of the Mississippi Board of Nursing Magazine.

Director 6, SOUTH (Unopposed)



**Damon Spears,
MSN, NP-C of
Magnolia, MS**

Mr. Spears has been an active member of MANP since 2015. He completed an Associate of Science degree from Jones County Junior College in 1996, a BSN from the University of Southern Mississippi, and an MSN from Walden University in 2016. Mr. Spears also holds a Certificate from the United States Air Force School of Aerospace Medicine. He has over 26 years of experience in Critical

Care, EMS Flight Nursing, and is USAF Chief Flight Nurse Instructor (Ret.). Mr. Spears served as a flight nurse at the 172 Air Wing Mississippi Air National Guard for 17 years and opened his clinic, Spears Medical Clinic, PLLC, in 2021 in the midst of the COVID pandemic and Thrive Med Spa in 2022. Serving our country, he was deployed twice, serving in Operation Enduring Freedom and Operation Iraqi Freedom in 2011. Not having a physician in the air and being in the line of fire prepared him for the Mississippi "battlefield" of healthcare issues. His lessons, knowledge, and experiences have given him a unique perspective to serve our state and promote the NP profession.

*Members Only
Voting Open
October 1-30*



Job Postings

Nurse Practitioner

Location: Gulf Coast Area

Setting: Gulf Coast Assisted Living and or Nursing Home

Additional Job Description: Searching for NP on the Mississippi Gulf Coast. The position is part-time to start, but it could easily be transitioned into full-time. The provider will be working in Nursing Homes or Assisted Living Facilities on the Gulf Coast. Applicants should be self-motivated and have experience working in a clinical or hospital setting. The facilities are modern, well-maintained, and have established administrative systems. NP experience is required. Must have completed monitored practice hours required by the MS Board of Nursing. Must have appropriate licensure and certification. DEA is preferred.

Compensation: Commensurate with experience; Compensation is above industry standards.

Organization: Horizon Medical Providers LLC

Mailing Address: 1000 Highland Colony Parkway, Building 5000, Ste 5203, Ridgeland MS 39157

Contact Person: Bert Massey

Phone: 601-201-3121

Respond with a CV-resume, email, and contact number to the email bert@horizonmedicalproviders.com

Nurse Practitioner

Setting: Women's Health Clinic

Additional Job Description:

We provide care for women of all ages, including: Annual exams, pap smears & preventive care, Treatment of gynecological problems, Contraception management, Perimenopause and menopause, Variety of Hormone replacement therapy options including traditional, nonhormonal, bioidentical therapy and Biote hormone pellets.

To Learn More About This Position Click the link.

<https://manp.memberclicks.net/form/submission/213218944/field/206985436/NPhire2025.pdf>

Organization: The Women's Clinic at the Grove

Mailing Address: 5740 Getwell Road Building 1, Suite B Southaven MS 38672

Contact Person: Libby Rankin

Phone: 901-550-1562

Send Resumes to: info@wcgrove.com

AWARDS

Misti Garnett, FNP, of Maben, MS, takes home the 2025 Brenda Hood Memorial Award for NP of the Year in Clinical Practice at the July annual conference.



Pictured L-R: Dr. Wanda Stroupe, MANP President, and Misti Garnett, NP Award Recipient from Maben, MS

Misti is a Family Nurse Practitioner and healthcare entrepreneur whose career reflects both deep clinical expertise and a passion for accessible, community-based care. Their career began with an RN Associate Degree in Nursing from Mississippi University for Women in 1997, followed shortly by a BSN. After dedicating 16–17 years to emergency department nursing, they decided to pursue an MSN from MUW in 2013. Misti joined MANP in 2017 and, later that same year, opened an urgent care clinic in the community. She quickly established herself as a trusted and sought-after healthcare provider. Responding to increased demand, she partnered with a local church to open a second

location, expanding services to include X-rays and broader access to care. Despite challenges from the COVID-19 pandemic, personal loss of close family members, and struggles faced by business owners, she successfully launched a second clinic in 2019 and maintained stability throughout the two-year national emergency. Most recently, she opened a third urgent care location in July. Currently employing six nurse practitioners, full support staff, and two collaborative physicians across all three sites, they continue to grow the practices with vision and resilience. A dedication to healthcare runs in the family, with a grandfather who was a physician, a father who was a pharmacist, and sisters—one an NP and another an RN. This individual's commitment to serving the community, mentoring others, and expanding access to high-quality care exemplifies excellence in practice and leadership in the nurse practitioner role.

Jennifer Williams, DNP from Natchez, MS, takes home the 2025 NP Preceptor of the Year at the July annual conference.

Dr. Williams is a highly accomplished Family Nurse Practitioner with 12 years of experience and has been an RN since 2007. She has been a dedicated member of the Mississippi Association of Nurse Practitioners (MANP) since 2014 and is recognized for their clinical expertise and unwavering commitment to the nursing profession. Their areas of expertise include emergency medicine, occupational health, and addiction treatment.



Pictured L-R: Dr. Jennifer Williams, NP Preceptor of the Year from Natchez and Dr. Wanda Stroupe, MANP President

Dr. Williams graduated with honors from all nursing programs and has received numerous awards for clinical excellence and leadership in healthcare. Beyond clinical practice, this recipient brings the discipline and dedication of a military background, having served honorably as a member of the United States Air Force. She is a passionate mentor and leader, actively guiding peers in the healthcare community. She serves on the advisory board for Alcorn State University School of Nursing and is the co-chair of the healthcare committee. Her commitment to public service extends to a role on the Emergency Preparedness Team and community outreach efforts. The blend of clinical excellence, service, mentorship, and community involvement sets a high standard for nurse practitioners across the state and beyond.

Member Spotlight

Christopher Blackwell



is an FNP/Owner of Blackwell's Family Medicine. He was born and raised here in Tylertown and graduated Valedictorian from Dexter High School in 2000. Chris earned his Associate of Arts Degree from Southwest Mississippi Community College in 2004 and his Associate of Science in Nursing from Southwest Mississippi Community College in 2005. He earned his Bachelor of Science from the University of Mississippi in 2010 and his Master of Science (Family Nurse Practitioner) from Alcorn State University in 2012. Chris specializes in Family and Emergency Medicine. He has been board certified in Family Medicine from the American Academy of Nurse Practitioners since 2012 and TeleEmergency Certified from the University of MS Medical Center since 2018. He is certified in Hormone Therapy and provides aesthetics. He is a Member of the American Association of Nurse Practitioners and is also a Member of the MS Association of Nurse Practitioners. His broad scope of practice reflects a commitment to comprehensive, up-to-date patient care. Beyond his clinical role, he is deeply embedded in community service. He serves as a Deacon at his hometown church, teaches Royal Ambassadors (Ras), and has held leadership roles, including past President of both the city's Chamber of Commerce and Rotary Club. Elected County Coroner in 2019, he took office in January 2020, further extending his public service. He also volunteers as a firefighter and Little League umpire. He exemplifies excellence in nurse practitioner-led care and stands as a pillar of his community—leading with compassion, integrity, and service.



IV HYDRATION:

Prioritize regulatory compliance and best practices to avoid complications

Tina Highfill, DNP, FNP-BC, CCM, CRHCP

In April of this year, the Mississippi Board of Nursing issued a position statement regarding IV Hydration. While IV therapy is a learned skill practiced by many nurses, performing this skill outside of a traditional healthcare setting requires careful consideration to ensure safety and compliance with regulations. When delivering IV hydration services in non-traditional settings, such as mobile units or wellness clinics, the practice must align with applicable regulations, prevailing standards of care, and national nursing guidelines specific to IV therapy.

A position statement is a scope of practice determination made by the Board regarding whether a licensed nurse's actions meet acceptable standards. Position statements serve as administrative and educational tools to help providers, licensed nurses, and other interested parties understand scope of practice decisions. The Mississippi Board of Nursing develops these statements in response to its legally mandated duty to protect the public by ensuring safe nursing practices.

A valid provider order is required before starting IV therapy,

including the administration of medications such as isotonic IV fluids. According to Miss. Code Ann. § 73-15-17 (1972, as amended). Part 2840, Chapter 1: Advanced Practice Registered Nurses (APRNs) include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Certified Nurse Practitioners, Rule 1.5, B Prescribing Controlled Substances and Medications by APRNs: Prescription Guidelines - All Medications. 1) No APRN shall prescribe any medication without a good faith agreement subsequent to examination and medical indication thereof.

Registered nurses (RNs) may administer prescribed IV hydration, nutrient therapies, and medications as long as there is a valid order and a completed history and physical examination performed by a physician, NP, or PA. Standing orders are not acceptable substitutes for individualized orders and assessments because they do not address the specific health needs of each patient. Nurses administering IV hydration or any medication, including vitamins, must verify and clarify any provider orders or treatment plans. They must ensure that the order is correct, effective, and not contraindicated. If a nurse has concerns, they should consult with the

appropriate licensed practitioner and not administer the treatment until it is confirmed to be appropriate. Under proper supervision, LPNs may assist in administering prescribed IV hydration, nutrient therapies, and certain medications. See Administrative Code, Part 2830, Chapter 2 Functions of the Licensed Practical Nurse, Rule 2.4 Scope of Practice – IV Therapy for a full list of medications that an LPN may administer.

According to the Mississippi Board of Nursing, nurses must practice within the scope of their highest active license and possess documented knowledge, skills, and competency to safely administer prescribed IV hydration, nutrient therapies, and medications. It is critical to point out that it is not within the scope of an RN to compound drugs. Agencies or businesses offering IV services must establish and maintain on-site policies and procedures for the safe administration of IV hydration, nutrient therapies, medications, and emergency interventions. Employment roles and position descriptions do not diminish or alter this responsibility and accountability. While employers may impose restrictions or limitations on specific activities or tasks, they cannot extend the legal scope of practice or modify the legally defined standards and components of nursing practice.

Compounding practices fall under the Board of Pharmacy's purview. "Compounding" means (1) the production, preparation, propagation, conversion, or processing of a sterile or non-sterile drug or device either directly or indirectly, by extraction from substances of natural origin or independently by means of chemical or biological synthesis or from bulk chemicals or the preparation, mixing, measuring, assembling, packaging, or labeling of a drug or device as a result of a practitioner's prescription drug order or initiative based on the practitioner/ patient/ pharmacist relationship in the course of professional practice or (2) for the purpose of, as an incident to, research, teaching or chemical analysis and not for sale or dispensing. Compounding also includes the preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

SCOPE OF PRACTICE DECISIONS:

- The activity or intervention is authorized by a valid order.
- Standing orders cannot authorize the person carrying out the order to exercise independent medical judgment.
- The patient's record is thoroughly reviewed, an appropriate nursing assessment of the patient is conducted, and no contraindications exist to the ordered treatment.

- Administration and documentation of the intervention are accurate and complete in the patient's record, including the evaluation and documentation of the patient's response to the treatment.
- The nurse is prepared and capable of instituting nursing interventions to resolve an untoward event/reaction that occurs as a result of the administration of IV therapies.
- Implementation of measures to prevent exposure to infectious pathogens and communicable conditions.
- The RN shall practice in compliance with all federal laws and regulations, and all Mississippi (MS) laws and regulations, including but not limited to the MS Board of Nursing, the MS Board of Pharmacy, and the MS Medical Licensure Board. All nurses licensed to practice nursing in Mississippi (MS) must adhere to the Nursing Practice Act (NPA) and Board rules, Food and Drug Administration, and the Federal Trade Commission as well as other regulations pertinent to the setting.
- It is not within the scope of an RN to compound drugs.

Compounded drugs are not FDA-approved. This means that the FDA does not verify the safety, effectiveness, or quality of compounded drugs before they are marketed. Consumers and

health care professionals rely on the FDA's drug approval process for verification of safety, effectiveness, and quality. Generic drugs and compounded drugs are not the same. Generic drugs are approved by FDA and meet requirements established by the FDA while compounded drugs are not approved by FDA. According to the FDA, poor compounding practices can result in serious drug quality problems, such as contamination or a drug that contains too much or too little active ingredient. This can lead to serious patient injury and death.

Generally, state boards of pharmacy have primary responsibility for the day-to-day oversight. FDA does conduct surveillance and for-cause inspections of state-licensed pharmacies that are not registered as outsourcing facilities. However, for-cause inspections may be jointly or independently conducted by any regulatory agency, such as the Board of Medical Licensure, Board of Nursing, Board of Pharmacy, and the FDA, among others.

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Photo Credit: submitted by author



Dr. Tina Highfill is the Executive Director for MS Association of Nurse Practitioners. The information provided in this article is intended for educational purposes for Advanced Practice Nurse Practitioners practicing in the state of Mississippi. Information herein should not be considered legal advice nor representation on behalf of any regulatory entity mentioned within the article.

MISSISSIPPI PRESCRIPTION MONITORING PROGRAM SENDS NOTICE TO PRESCRIBERS:

IMPLEMENTATION OF DATE SOLD FOR PMP GATEWAY PATIENT REPORTS



Issue Date: Tuesday, August 19, 2025

Over the coming days, the Mississippi Prescription Monitoring Program (PMP) will begin implementation to include the "Sold Date" in PMP reports integrated into your electronic medical records or pharmacy management system (via PMP Gateway).

PMP AWARe (the web-based PMP platform) users can currently find the "Sold Date" in the column labeled "Sold" within the "Prescriptions" table of the patient report. The prescription "Sold Date" information will now be available in both PMP AWARe and PMP Gateway (the integrated PMP report).

Please note that while prescriptions filled in Mississippi ONLY will include this information, prescriptions filled in other states may not have the "Sold Date" included. Additionally, reporting of date sold is not a reporting requirement for Mississippi dispensers; therefore, "Sold Date" will only populate with information if provided in reporting from the dispenser.

If you have any questions or need further clarification, please feel free to reach out to the MS PMP at mspmpassist@mbp.ms.gov and/or 601-899-0138.



SKILLS WORKSHOPS

Saturday, 4 Oct 2025

HANDS-ON TRAINING



Suture Course

12:00pm- 3:00pm

Joint Injections Course

8:30am-11:30am

Register Now!

<https://www.msanp.org/upcoming-events>

- Register for one or both courses
- In-person, hands-on training
- Joint injection course includes shoulder, elbow, trochanter bursa, and knee
- Simulation models
- Suturing course includes registration fee and a personal suture training practice kit that is yours to keep.

Location: HealthPlex Performance Center
501 Baptist Drive, second floor, Madison MS 39110

Wednesday, September 10th 8:00am - 5:30pm

DOT FMCSA Medical Examiner's Training Course

Live, interactive training. No pre-recorded or on-demand options available. Audio and Visual components required. The attendee must be present the entire day, actively participate in the course, Q&A sessions, group discussions, and complete the course evaluation to obtain credit.

[To register click here](#)



CERTIFIED MEDICAL EXAMINER QUALIFICATIONS

Be licensed, certified, or registered in your state where laws and regulations to perform physical examinations are allowed. These include nurse practitioners, physician assistants, physicians, osteopaths, and chiropractors.

ACCREDITATION

ACCREDITATIONMANP is accredited by the American Association of Nurse Practitioners® as an approved provider of nurse practitioner continuing education. Provider number: 1640685. This activity has applied for up to 9 contact hour(s). This activity was planned in accordance with AANP Accreditation Standards and Policies.

COST

MANP members: \$275

Non-members: \$375

Join & Go: \$475- get 1-year annual membership and take the course.

A cancellation charge of \$50.00 will be applied to refund requests in writing prior to course deadline as provided at registration. NO REFUNDS will be granted after the cancellation deadline. The cancellation policy is strictly enforced. Join & Go annual of membership (\$300) is non-refundable.

MANP can only award continuing education credit to Nurse Practitioners. Other disciplines will receive a certificate of completion but are not awarded CE credit. The individual may apply to their certification board for CE credit approval.

MANP's training course is designed for healthcare providers meeting state requirements, including nurse practitioners (NPs), physician assistants (PAs), physicians (MD or DO) and chiropractors (DCs). The curriculum for this course is provided in accordance with the Federal Motor Carrier Safety Administration (FMCSA) to prepare candidates for the National Registry of Certified Medical Examiners (NRCME) certification examination. This course includes course materials, forms, FAQs and sample questions in preparation and review for the examination. FMCSA regulations and guidelines are reviewed regularly and the training is updated as required to maintain training curriculum.

Virtual (Live) Event
Not Pre-Recorded
Not available for On-Demand Learning
800am to 5:30pm

COURSE CONTENTS

- Background, rationale, mission and goals of the FMCSA
- CME's roles and responsibility
- FMCSA certification testing and recertification for the Examiner
- Responsibilities of commercial motor vehicle operators
- Procedures for proper operator identification, medical history, medication history and document review
- DOT examination and documentation
- Knowledge of waivers, exemptions, and referrals
- performing and obtaining diagnostic testing or medical opinions from a specialist or treating provider for driver clearance
- Educating and informing the driver about disqualifications, abnormal findings that may require additional follow up or clearance
- Determination of the driver's certification, outcome and period of time valid for certification
- FMCSA login, reporting, and filing
- Navigation of the FMCSA website for helpful information and reporting

Quick Notes Type 3c Diabetes

Pancreatogenic diabetes, also referred to as Type 3c diabetes, accounts for approximately 5-10% of diabetes cases and results from pancreatic disease that impairs both the exocrine and endocrine functions of the pancreas. 1

The presentation of symptoms and the complications associated with Type 3c Diabetes are consistent with those observed in other forms of diabetes, and management should adhere to similar risk reduction strategies. Patients with Type 3c Diabetes may also exhibit symptoms of exocrine pancreatic insufficiency, which can include abdominal pain, flatulence, bloating, constipation or diarrhea, fatty stools, fatigue, and unexplained weight loss. 2,3

Numerous etiologies are associated with pancreatic conditions, including pancreatic cancer, cystic fibrosis, pancreatic resection, chronic pancreatitis, genetic factors, and radiation exposure. Insulin requirements generally tend to be lower than those observed in individuals with Type 1 diabetes, rendering management particularly challenging due to hypoglycemic events arising from the deficiency of alpha cells. 2

Diagnostic Criteria for T3cDM include major criteria that must be fulfilled to clearly make the diagnosis.

- Presence of exocrine pancreatic insufficiency (according to monoclonal fecal elastase-1 or direct function tests).
- Pathological pancreatic imaging: (by endoscopic ultrasound, MRI, or CT)
- Absence of T1DM-associated autoimmune markers (autoantibodies).

Minor criteria for diagnosis includes

- Impaired β -cell function
- No excessive insulin resistance (e.g. as measured by HOMA-IR).

- Impaired incretin (e.g. GIP) or pancreatic polypeptide secretion.
- Low serum levels of lipid (fat) soluble vitamins (A, D, E, or K).

Key Takeaway for Primary Care: Ask about pancreatic disease when diagnosing any type of diabetes. 3

With respect to glycemic management, incretin therapies should be avoided. Specifically, DPP-4 inhibitors or gliptins such as sitagliptin, GLP-1 receptor agonists such as semaglutide, and dual GLP-1/GIP receptor agonists such as tirzepatide should all be avoided due to the suspected link association with pancreatitis and the potential worsening of gastrointestinal symptoms with these therapies.

References

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2. Quast, Daniel Robert; Breuer, Thomas Georg Karl; Nauck, Michael Albrecht; Janot-Matuschek, Monika; Uhl, Waldemar; Meier, Juris Jendrik (April 2021). "Insulinbedarf und Glukosehomöostase bei Menschen nach partieller und totaler Pankreatektomie im Vergleich zu Menschen mit anderen Diabetesformen". Diabetologie und Stoffwechsel. 16 (2): 130–140. doi:10.1055/a-1344-0323. S2CID 233938736
3. Kevin Fernando, What Is Type 3C Diabetes? - Medscape - Aug 08, 2025. https://www.medscape.com/viewarticle/1002586#vp_2

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Website: <https://www.msanp.org>



DO SOMETHING TODAY THAT
YOUR FUTURE SELF WILL THANK
YOU FOR.

Join us today & make your voice heard.

*Our actions and decisions today will shape
the way we will be living in the future.*



MANP

MISSISSIPPI ASSOCIATION of NURSE PRACTITIONERS

<https://www.msanp.org/home>



MS Association of Nurse Practitioners' key initiatives include

- We advocate for NPs with policymakers, and other healthcare entities both in the state and nationally
- Full Practice Authority allows NPs to practice to the fullest extent of their education and training *without* expanding their respective scopes of practice
- Increase access to care for patients across Mississippi
- NP orders for durable medical equipment and devices
- NP signature recognition on legal documents and eliminating co-signatures by physicians
- NP Income tax incentives & exemptions for underserved practice areas & NP owned businesses
- NP reimbursements and inclusion in insurance networks
- Recognize NPs as primary care providers (PCP)
- Increased faculty salaries

...
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