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# MANP

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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.

# Contents



Mississippi Association of Nurse Practitioners

## 2026 ANNUAL CONFERENCE & MEMBERSHIP MEETING

Minds that CURE, Hearts that CARE, Solutions for CHANGE

June 8-10, 2026 | Mississippi Coast Coliseum & Convention Center | Biloxi, MS

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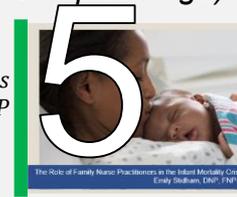
[Things To Do](#)

[Attractions](#)

[Restaurants & Fine Dining](#)

(Click to Jump to Page)

Infant Mortality Crisis  
Emily Stidham, DNP



Annual Conference  
June 8-10, 2026  
Biloxi, MS



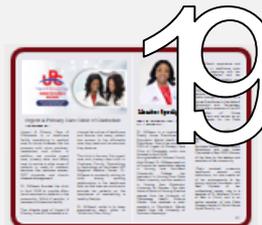
Multiple Sclerosis  
Amanda Quarles, MSN, FNP-C



Multiple Sclerosis  
Fact Sheet



AI is Optional, Professional  
Judgment is Mandatory  
Tina Highfill, DNP



Member Spotlight  
Mary A. Williams, DNP



MANP Legislative  
Capitol Day



2026 Legislative  
Session Update  
Tina Highfill



Engaging Agricultural  
and Rural Communities  
Better Health: AFTD  
March 2-June 26  
Melvin Smith, MPH, MSU



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## The Role of Family Nurse Practitioners in the Infant Mortality Crisis Emily Stidham, DNP, FNP-C

In August 2025, the Mississippi Department of Health (MDOH) declared infant mortality a public health emergency. Over the last ten years, 3,527 infants have died prior to the age of one, with 2024 having the highest infant mortality rate in the last decade. The most common causes of infant death in Mississippi include preterm birth, low birth weight, congenital malformations, and sudden infant death syndrome (SIDS). Dr. Dan Edney, Mississippi's State Health Officer, advises "improving maternal health is the best way to reduce infant mortality" (MDOH, 2025).

Mississippi also has the highest maternal mortality rate in the United States, and it has continued to rise in recent years. Factors contributing to maternal mortality include maternal age, cesarean delivery, multifetal

gestation, obesity, preexisting medical conditions, and rural residency (Maharjan et al., 2025). The March of Dimes (2024) reveals numerous maternity care deserts in the state of Mississippi - areas that may not include OB/GYNs or birthing hospitals within reasonable proximity of the patient's residence. Family nurse practitioners (FNPs) have the opportunity to make an impact on the maternal and infant mortality crisis in our state by improving the health of all childbearing-age women in Mississippi. Healthier women of this age group (15-49) would subsequently lead to healthier pregnancies and healthier babies.

Family nurse practitioners are trained to provide comprehensive primary care throughout the lifespan, from infants to the elderly. This includes contraception management, prenatal care, pediatric care, health promotion, disease prevention, and management of chronic disease. Given the high prevalence of chronic disease and comorbidities in Mississippi, FNPs are already making an impact on the health of these individuals. This article will discuss three ways FNPs can influence the health of mothers and infants in Mississippi.

### Chronic Disease Management

The presence of Hypertension, cardiovascular disease, diabetes, obesity, and mental illness in women of childbearing age contributes to poor neonatal outcomes. FNPs are oftentimes the first or only point of contact in the primary care setting. FNPs are trained to identify these illnesses and manage them appropriately with education, consistent monitoring of illnesses, and treatments aligned with evidence-based guidelines. FNPs also provide and recommend routine screenings, lifestyle counseling, and timely referrals to specialists when needed (Brown et al., 2022).

### Preconception Health and Family Planning

To most effectively impact maternal health, priority must be placed on health prior to pregnancy. Healthy women lead to healthier pregnancies, which lead to healthier infants. Women are considered to be of childbearing age between

15 to 49 years old. This is a large span of a woman's life where the FNP can discuss pregnancy intentions and empower patients to plan healthy, well-timed pregnancies by managing chronic disease and providing contraceptive education for patients not currently desiring pregnancy. FNPs can also help reduce unintended pregnancies and short birth intervals by addressing family planning and prioritizing health prior to conception.

### Trust and Patient-Centered Care

Managing chronic diseases and focusing on preconception health are most effective when there is a relationship of trust between the provider and the patient. FNPs are effective in providing patient-centered care through considering the patient as a whole, assessing social and emotional contexts, listening without judgment, respecting cultural perspectives, and engaging patients as the priority of care. When the patient and provider have a relationship built on trust and established rapport, patients are more likely to listen to their provider, ask clarifying questions, and keep follow-up appointments for monitoring.

### A Call to Action

Mississippi's high infant mortality rate is not inevitable. It is preventable and modifiable. Family nurse practitioners are trusted healthcare leaders in communities across the state. By managing chronic disease, focusing on preconception health, and family

planning, and building trust with a focus on patient-centered care, FNPs can help reverse this crisis. The path forward requires collaboration, persistence, and compassion. Every conversation, clinic visit, and community connection has the power to improve outcomes. Mississippi's mothers, infants, and families can be positively impacted by us.

## References

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## Emily J. Stidham DNP, FNP-C

*Dr. Stidham has dedicated more than 13 years to healthcare, including the past 8 years practicing as a family nurse practitioner. Her clinical practice and research interests focus on women's health, where she currently provides care at Starkville Clinic for Women. In addition to her clinical role, Dr. Stidham serves as a nursing instructor in a graduate Family Nurse Practitioner program at Mississippi University for Women, contributing to the education and development of future advanced practice nurses. Dr. Stidham studied biological sciences at Mississippi State University and earned her Bachelor of Science in Nursing at Mississippi University for Women in 2013. She subsequently completed her Master of Science in Nursing in 2018, and Doctor of Nursing Practice in 2023 at Mississippi University for Women. Dr. Stidham is an active member of MANP.*



## Agenda Highlights

Alzheimer's Disease, Pediatric Mental Health, Burn Care, Nephrology, Congenital Heart Disease, Controlled Substances, Diabetes Type 3C, Thyroid disease, Vitamin D Deficiency, Insulin Resistance, Men's Health, Aquablation, Prostate Cancer, Male and Female Hormone Replacement Therapy, Menopause, Anxiety, Hematology/Oncology, Intro to prosthetics and orthotics, DEA Drug Diversion, Drug Addiction, and more. [Click here for AGENDA](#)

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## Join Us in Biloxi June 8-10

We are pleased to hold our conference at the Mississippi Coast Coliseum & Convention Center (MCCCC), June 8-10. The conference center is located at 2350 Beach Blvd, Biloxi, MS 39531, right on the beach! This conference will also provide information on a variety of exhibitors and educational networking opportunities. We look forward to working with you to make this conference a satisfying networking experience!

## CE Information

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Don, diagnosed in 1998



Rachel, diagnosed in 2018



Heidi, diagnosed in 2009



Sharon (left), diagnosed 2022  
Nakaia (right), diagnosed 2019

Photo Credit: Courtesy of the National MS Society

## Amanda Quarles, MSN, FNP-BC, sits down with the National Multiple Sclerosis Society to share insights

In the United States, approximately 1 million people live with multiple sclerosis (MS), a chronic inflammatory disease that involves immune-mediated attacks on the central nervous system. In rural areas, recognizing and managing MS can be challenging due to factors such as workforce shortages and lack of proximity to MS specialists. Nurse practitioners (NPs) play a critical role in early recognition and management to improve health outcomes and ensure patients living with MS receive the comprehensive care they need.

Amanda Quarles, MSN, FNP-BC, is a board-certified family nurse practitioner who has been caring for patients at the University of Mississippi Medical Center (UMMC) since 2010. In her current role at UMMC's Neuroimmunology Clinic,

Amanda provides specialized outpatient care for individuals living with MS and related neuroimmune disorders. Recognizing the critical role nurse practitioners play in improving access to care and supporting patients with complex conditions, Amanda sat down with the National Multiple Sclerosis Society for a Q&A to share her insights on MS, discuss the challenges patients face, and highlight how NPs help bridge care gaps in Mississippi.

### Can you briefly describe what MS is and how it affects the nervous system?

Multiple sclerosis is a chronic inflammatory autoimmune disorder of the central nervous system (CNS) and

is the most common of the neurological autoimmune disorders. While we still do not know the exact cause of MS, we do know that there is confusion within the CNS in which the immune system mistakenly attacks the myelin, the protective coating around the nerve fibers in the brain and spinal cord. This damage disrupts or blocks electrical signals between the brain/spinal cord and the rest of the body, leading to symptoms such as muscle weakness, numbness, mobility issues, vision problems, poor coordination, and fatigue. Over time, if not prevented with medication, repeated attacks can happen, resulting in worsening physical and cognitive disability. Unfortunately, we do not have great medications to rebuild damaged myelin, but we do have great medications to prevent any additional attacks or relapses in the future.

### What is important for nurse practitioners to know about MS?

MS can present differently in every person. There can be a wide array of symptoms with MS, some of them very generalized, which can make recognizing early signs and symptoms harder. Some key signs or red flags would be sudden, but constant, for at least 24 hours, vision loss (usually unilateral), weakness and/or numbness on one side or in one extremity, poor coordination, balance problems, Lhermitte's sign (electric shock sensation down the spine with neck flexion), bowel/bladder dysfunction without another clear cause. Is this a brand-new symptom that has never happened before that comes,

stays and does not go away for at least 24 hours? Or is this something that may or may not have happened before but only lasts minutes to hour(s) before returning to baseline? Typically, MS is not something that lasts for one hour or one day and then suddenly goes away. It is usually a symptom that is fairly pronounced, constant, and lasts at least 24 hours or more.

### Why is early recognition and referral critical for patients with suspected MS?

Early recognition is imperative for several reasons: 1) Early treatment can slow disease progression. Disease-modifying therapies (DMTs) are most effective when started early, reducing relapse frequency, preventing new MRI lesion formation, and decreasing long-term disability accumulation. 2) Preventing irreversible neurological damage. With MS, damage that has already occurred is irreversible and the longer someone goes undiagnosed, there is increased risk for future relapses and further disability. 3) Improving diagnostic accuracy. Speeding up the diagnostic process improves long-term outcomes with early and correct diagnosis, thus ensuring that the person is started as quickly as possible on disease-modifying therapies. 4) Reducing relapse severity and frequency. In Mississippi, nurse practitioners, especially those practicing in rural settings, are often times the first provider(s) that encounter a patient exhibiting signs of MS. Being able to recognize those subtle neurological symptoms, knowing how to rule out other common 10

disorders, knowing when to investigate further by ordering MRIs and escalating with a neurological referral are key points to early detection/diagnosis and ultimately preventing further disability.

### **What unique challenges do patients in Mississippi face when seeking care for MS symptoms?**

The majority of our state is considered rural. It is no secret that there is limited access to specialists in general, and access to a MS specialist can be even more limited. There are challenges related to transportation, health literacy, financial and insurance coverage, and broadband access across our state. All of these things can have a negative impact on our patients, leading to delays in diagnosis, treatment, and follow-up. It's a negative cycle that we try to limit as much as possible for all of our patients, including those living with MS. We are working daily at the UMMC to improve access to medical care for all of our patients in this state and have a ready, willing, and dedicated MS team eager to help.

### **What telehealth and community-based resources are available to improve MS care?**

We believe that we have a strong neuroimmunology team at UMMC that is available to see patients with MS and other neuroimmunology disorders in a timely and efficient manner. UMMC has a great telehealth program and, while we want to be able to see patients for an initial face-to-face visit, telehealth

allows us to have continued close follow-up with patients living with MS who may live a long distance from Jackson, or have to depend on others for transportation, or both. We have adopted a shared care team approach in our neuroimmunology department at UMMC. Our team consists of Drs. Courtney Huval and Ahmad Mahadeen, both of whom are fellowship-trained

neuroimmunologists, see the patient initially, make the diagnosis, and briefly discuss treatment options. Then, as the team's only NP, I usually see the patient for follow-up within 2 weeks of diagnosis, with the primary goal of this visit being selecting the exact DMT, ensuring that DMT is approved/started in a timely manner, and then arranging close monitoring/follow-up once started. We also have two amazing nurses on our team, Dana and Taren, who work behind the scenes answering patient calls, working with insurance companies, arranging imaging/tests, and anything in between to help us keep all of this working as effectively and efficiently as possible. We have seen much success with this team approach model. We believe that having both the physician's perspective and the nursing perspective is key in building trusting relationships with our patients. You can place referrals to our team online or by calling the UMMC Neurology department at 601-984-5500.

### **What continued education or training would you recommend for NPs to learn more about MS?**

There is a good selection of classes on the internet that focuses on primary care as it relates to neurological disorders such as MS. I would recommend looking for those accredited courses that can count towards our state license CEU requirements. UMMC also has a continuing education website that is open to the public, and you do not need to be a UMMC employee to utilize it. It is good to get familiar with signs/symptoms of MS, red flags associated with MS, doing a mini neuro exam, when to order an MRI, and those key words on MRI that signal MS.

The National MS Society also has their professional resource center, which has great resources for healthcare professionals to learn about MS. In addition, UMMC Neurology hosts a free half day neurology symposium every year in May that is open to any providers in the state and provides several CEU hours. It usually covers the latest updates on common neurological disorders including MS/neuroimmunology. This year's symposium is on Saturday, May 16, 2026, at the Sheraton in Flowood, MS. You can find more details online about the symposium and how to register.

### **If you could give one key message to nurse practitioners about MS and ensuring access to MS care, what would it be?**

For NPs, the single most important message is early recognition and rapid referral to an MS specialist. This one thing can change the entire trajectory of a patient's life. Your suspicion and timely action are often the gateway to lifelong MS care. The sooner the person receives the diagnosis and starts preventative treatment, the better. In short, think "MS" early, get imaging, and refer fast.

For Resources and Support, visit the National MS Society: For Healthcare Professionals: [nationalMSSociety.org/PRC](https://nationalMSSociety.org/PRC)  
For Your Patients: [nationalMSSociety.org/Resources](https://nationalMSSociety.org/Resources)



Photo Credit: submitted by author

## **Amanda S. Quarles, MSN, FNP-BC**

*Amanda Quarles is a board-certified Family Nurse Practitioner who has worked as a nurse practitioner at UMMC since 2010. Amanda received a Bachelor of Science in Nursing in 2000 from the University of Southern Mississippi and a Master of Science in Nursing in 2010 from Mississippi University for Women. She currently works as an outpatient NP in UMMC's Neuroimmunology clinic, providing care to patients with multiple sclerosis and similar neuroimmune disorders. She also sees chronic headache and migraine patients as well. She is an active member in several medical organizations, both locally and nationally. Amanda considers it a privilege and a blessing to serve the people in the community and state where she was born and raised.*

## Multiple Sclerosis Rural Health Fact Sheet



### 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 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.

### Etiology

While the cause of MS is unknown, the interaction of environmental (e.g., smoking, low vitamin D, obesity, Epstein-Barr virus exposure), familial 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.

### Signs and Symptoms Consistent With MS

MS symptoms develop over hours to days and are usually constant for days to weeks.

- **Visual:** optic neuritis, blurred or double vision, unilateral vision loss, nystagmus
- **Motor:** trunk/extremity weakness, spasticity, hyperreflexia, gait disturbance, imbalance
- **Sensory:** numbness, burning, tingling, Lhermitte's sign, squeezing around torso, 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

As a first point of contact, you can help recognize the early signs and symptoms and make an MRI and neurology referral. Treating MS early reduces the burden of injury and disease progression. Find healthcare professionals with expertise in diagnosing and treating MS: [nationalMSSociety.org/FDR](http://nationalMSSociety.org/FDR).

### Diagnosis

#### MS diagnosis:

- Medical history and clinical examination
- Paraclinical tests, with or without clinical symptoms
- Elimination of more likely diagnoses (no better explanation)

#### Paraclinical tests:

- Magnetic resonance imaging
- Optical coherence tomography and visual evoked potential
- Serum and spinal fluid analysis

#### View the diagnostic criteria and workup



[nationalmssociety.org/DiagnosticCriteriaWorkup](http://nationalmssociety.org/DiagnosticCriteriaWorkup)

### Treatment

- Management of MS across the lifetime requires a comprehensive and holistic approach, including disease modifying therapy (DMT), rehabilitation, specialty care and lifestyle management interventions.
- Initiating a DMT as soon as possible after diagnosis is critical. There is a large body of evidence that shows early and ongoing treatment with a DMT reduces the frequency of relapses, delays disease progression and minimizes the risk of irreversible disability.
- Relapses can be treated with high-dose glucocorticoids.
- Symptoms can be managed with medications and non-pharmacological strategies, like PT/OT, cognitive behavioral therapy and speech and language therapy.

### 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**
  - » Most people with MS live normal lifespans.
  - » Management of disease complications or comorbidities is essential and requires consistent primary care engagement.

### Resources and Support



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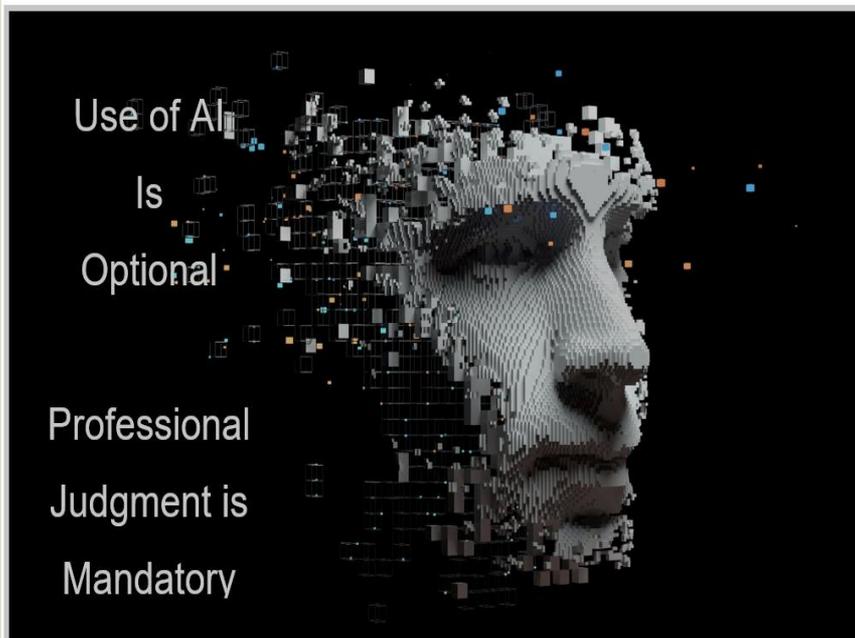
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National Multiple Sclerosis Society

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

The ability of a computer, digital device, or robotic technology to perform tasks typically associated with or involving human intelligence is known as artificial intelligence (AI) (Copeland, 2026). Artificial intelligence is widely applied across industries, including healthcare, and is based on capabilities such as virtual assistants and functionalities like robotics. AI helps diagnose, predict clinical outcomes, and personalize treatment plans. Currently, AI is seen as an optional support tool in clinical decision-making, but it does not replace licensed providers.

There are no Mississippi laws or Board of Nursing rules that mandate or guide the use of AI. Courts have

not found negligence in cases for failing to use AI. (MBON, n.d.) Medical providers are expected to perform appropriate assessments, use sound clinical judgment, and refer patients to specialists when necessary. They must follow evidence-based guidelines and practice within their scope, as well as practice in line with collaborative agreements, which is especially relevant in Mississippi, a partially restrictive state. (MBON, 2023).

However, as AI advances and integrates into standards of care, industry standards may begin to specify the use of AI for tasks such as AI-powered drug interaction software before prescribing or AI-assisted mammography readings.

If such standards are established, failing to use AI tools could be considered a failure to meet the standard of care. Malpractice is determined by the standard of care, not by the use of technology itself. (Team, 2025) Some technologies, like electronic prescribing and drug interaction alerts, pulse oximetry as a vital sign, and fetal monitoring, are already in use. (Smith et al., 2024) One key challenge is “alert fatigue” from excessive AI-generated alerts, which lead to provider desensitization, workload interruptions, slower workflow processes, and reduced provider trust (Akin Gump Strauss Hauer & Feld LLP, 2025).

Another concern involves employer-mandated AI: as a provider, bypassing such systems could expose one to liability if harm occurs. Examples include silencing alarms, bypassing system stops, or ignoring flagged drug interactions. These actions may violate policies, increase risk management issues, or potentially constitute negligence if they cause harm. (Nasuhara et al., 2015).

Additional risks to consider include misusing AI, entering personal health information (PHI) into non-HIPAA compliant systems, failing to correct AI-generated documentation errors, or relying on incorrect AI output. Documentation mistakes can constitute significant risks. For example, charting exam findings that were not performed is considered falsification. Leaving in auto-generated statements, such as Review of Systems (ROS), that are not accurate, or using generic,

templated assessments that do not match the patient, also increases risk. Less experienced providers may rely too heavily on AI rather than their own judgment (Cestonaro et al., 2023; Clinician, 2024). Healthcare professionals must recognize that one of AI's shortcomings is its lack of up-to-date information, which can have serious ramifications for clinical care (Clinician, 2024).

Going forward, especially in states with reduced-practice authority where oversight frameworks are in place, Boards of Nursing and other regulatory agencies will likely issue guidance by developing formal AI practice advisories, establishing documentation standards, clarifying delegation, and offering privacy-related guidance to prevent HIPAA violations (Akin Gump Strauss Hauer & Feld LLP, 2025).

The Mississippi Board of Nursing has established the official nursing law and administrative code that governs what nurses, including advanced practice nurses like Nurse Practitioners, must follow. Currently, there is no published Board policy specifically covering AI use. However, the regulatory framework includes expectations related to practice standards, scope, documentation, and any clinical decision-making involving AI remains subject to the general standards of care, scope, and disciplinary rules defined in the Nurse Practice Act (NPA) and the Administrative Code. Although not an official rule, the Board's Strategic Plan 2026-2030 acknowledges the importance of technology, including AI. (MBON, 2026) The plan states the following:

*“The Board continues to strive for efficiency through the utilization of technology. The Board is aware of the potential benefits and concerns of*

*leveraging emerging technologies, such as Artificial Intelligence (AI), to support and drive efficiency in the delivery of services to our licensees. At the same time, the Board is focused on ensuring the appropriate governance mechanisms are in place to ensure the responsible application of these evolving technologies. The Board has implemented measures to ensure that ethical considerations, privacy, and data security are considered where applicable. The Board will continue modernizing information technology services, processes, and capabilities supporting business solutions aligned with public health protection.” (MBON, 2026).*

House Bill 1717, the Mississippi Medical Judgment Protection Act, was introduced in Mississippi's 2026 Legislature by Representative Brent Powell (District 59) as the main author. The bill was referred to the House Public Health and Human Services Committee. It aimed to explicitly regulate the use of AI in clinical documentation. The bill's purpose was to ensure that, “while AI may assist Mississippi clinicians, it never replaces their judgment, that patients are informed when AI contributes to their care, that payment denials are made only by qualified physicians or dentists, after

human review...” The bill died in committee on 2/3/2026. (Miss. H.B. 1717, 2026).

As AI technology advances, governments are enacting AI regulations that require greater transparency, more advanced training, and clearer definitions of AI liability. (MDITS, 2025).

Johns Hopkins University and Harvard have developed online comprehensive curriculum programs to bridge digital health innovation and transformation. These 10-18-week programs were implemented to build skills, navigate governance, and lead initiatives that impact healthcare. (Harvard, 2026). Tomorrow's healthcare will be transformed by the introduction of AI; however, it is the provider's responsibility to use AI appropriately.

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## Urgent & Primary Care Clinic of Clarksdale Clarksdale, MS

Urgent & Primary Care of Clarksdale is a healthcare facility specializing in medical care for acute illnesses like the common cold, sinus problems, headaches, and others. In addition, we provide urgent care, primary care, and family care to service a wide range of patients in need of common services like wellness exams, DOT physicals, and chronic disease management.

Dr. Williams founded the clinic in April 2018 to provide after-hours services to patients in the community. Within 6 months, it became a full-service facility.

The ultimate goal of Urgent & Primary Care of Clarksdale is to

change the culture of healthcare and ensure that every patient has access to the affordable care they need and the services they deserve.

The clinic is the very first urgent care and primary care clinic in Coahoma County. Specializing in Nephrology at Northwest MS Regional Medical Center, Dr. Williams is constantly striving to build strong working relationships in the healthcare field, so that she can continue to educate her patients on the importance of maintaining a healthy lifestyle.

Dr. Williams' motto is to keep empowering each other to "Write Your Own Story."



Photo Credit: Courtesy of Mary A Williams/facebook/public post

## Member Spotlight

**Mary A. Williams, DNP, FNP-BC, PMHNP-BC**

Dr. Williams is a dual-certified Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner. She is the owner and CEO of Urgent & Primary Care Clinic of Clarksdale, which she founded in April 2018. As a graduate of Quitman County High School, Dr. Williams went on to pursue her associate's degree in Nursing from Northwest Community College, her bachelor's in Nursing from Delta State University, and her master's in Nursing from Mississippi University for Women. She also holds a Doctor of Nursing Practice degree from the University of Tennessee Health Science Center. She received a post-master's in Psychiatric Mental Health from the University of Southern Mississippi.

Dr. William's experience and expertise in healthcare span decades, beginning with her college education and her ownership of Clarksdale's very first locally-owned hospice agency, which she ran from 2001 to 2007. Along with her various degrees, Dr. Williams holds licenses to practice as a Nurse Practitioner in the state of Mississippi and Tennessee. She is also a member of the MS Association of Nurse Practitioners and serves as an Area Leader for the Delta Region.

Throughout her professional career, Dr. Williams has been recognized as one of the Top 50 Mississippi Leading Business Women in the state of Mississippi and was voted Clarksdale's Best 2025 Woman of the Year by the leaders and members of her community.

She's received numerous healthcare awards and distinctions, but she credits all of her achievements to her strong spiritual foundation with God. Outside of her professional career, she is a member of St. Matthew Church of God in Christ, and is an active member of Iota Delta Omega chapter of Alpha Kappa Alpha Sorority, Inc.

# MANP Legislative Capitol Day Jackson, MS January 27, 2026

The MS Association of Nurse Practitioners (MANP) hosted a successful Legislative Capitol Day on January 27, 2026, despite winter storm Fern. Capitol Day fostered meaningful networking, bringing together nurse practitioners and students from across the state for unified advocacy and engagement. Held at the MS State Capitol, the event gave MANP members the opportunity to meet with legislators and discuss key healthcare priorities affecting patients and providers across MS. Conversations focused on improving access to care, strengthening the healthcare workforce, and advancing policies that support the delivery of high-quality, patient-centered services, including Full Practice Authority. We were excited to have an opportunity to share this day with the MS Board of Nursing and their staff. MANP extends its appreciation to all members, lawmakers, members and staff of the MS Board of Nursing who participated and contributed to the day's success. The association remains committed to working with the MS Legislators to advance policies that improve health outcomes for all Mississippians.



## Job Postings

### Orthopedic Nurse Practitioner

**Setting:** Clinic

**Additional Job Description:** Orthopaedic Surgeon Seeking a Nurse Practitioner for Private Practice Clinic. Part-time with the option of Full-time.

**Organization:** Mississippi Orthopaedic Institute

**Address:**  
2781 Ct Switzer Sr Dr, #301  
Biloxi MS 39531

**Contact Person:** Lara Sorel

**Phone:** (228)328-2400

**Email:** [lsorel@msortho.net](mailto:lsorel@msortho.net)



## 2026 Legislative Session Update

MS Association of Nurse Practitioners (MANP) remains actively engaged at the Capitol, monitoring legislation as it advances through the chambers, and continuing to advocate on behalf of our members. Several bills of interest remain active, while others did not progress out of committees. House Bill 40,

introduced by Representative Kevin Ford, and SB2545, introduced by Senator Kevin Blackwell, both regarding full practice authority for Advanced Practice Registered Nurses (APRNs), did not move forward before the February 3 deadline. House Bill 1057, introduced by Representative Jill Ford, aimed to allow the APRN to delegate

or assign specific medication administration tasks to a medical assistant instead of a Registered Nurse (RN) or Licensed Practical Nurse (LPN), as currently regulated. This bill also failed to exit the Public Health and Welfare Committee. Additionally, Representative Becky Currie, RN, introduced two bills of interest. First, HB 981 would have permitted APRNs to certify death and sign death certificates. Currently, APRNs can pronounce death but cannot certify it or sign the death certificate. This bill passed the House and has been referred to the Senate Committee on Public Health and Welfare. The second bill, HB 1030, would have allowed APRNs to sign Physician Orders for Life-Sustaining Treatment (POLST) or advance directives. At present, only physicians, MDs, or DOs can sign these documents. Unfortunately, this bill died in the House committee.

House Bill 925, introduced by Kevin Felsher, is an act to be known and cited as the "Creating Logic for Efficiency and Accountability Reform (CLEAR) Act". This act would create a State Board of Health Professions that would be

appointed by the Governor and include a member of the State Board of Medical Licensure; The State Board of Pharmacy; The Mississippi Board of Nursing; The State Board of Chiropractic Examiners; The State Board of Dental Examiners; and the State Board of Optometry. The Bill states "The Legislature finds that: (a) There is a growing complexity in health professions that can lead to the overlapping of existing licensed professions; (b) The Legislature is often called upon to make decisions about issues related to the scope of professional practice for multiple regulated health professions; and (c) A source of sound policy guidance could provide the Legislature with meaningful assistance in addressing these issues. This Bill passed the House and is under consideration in the Senate Accountability and Transparency Committee.

Another bill, HB59, introduced by Representative Arnold, would have addressed Nurse practitioners and RNs licensed by the MS Board of Nursing would be authorized to administer fluids containing vitamins for the purpose of improving a person's immune health through intravenous (IV) therapy in a clinical setting and that there would be no limit on the number of vitamins that may

be administered through IV therapy by a nurse practitioner or RN at any one time, and the vitamins administered through IV therapy would not have to be prepared by a compound pharmacy. Again, this bill died in committee.

Senate Bill 2446, introduced by Senator Boyd, and additional Senators Blackwell, Gillespie, Isom, and Butler, has passed the Senate and was double-referred to the Accountability, Efficiency, Transparency Committee and Judiciary B Committee on February 16. This Bill proposed is an act to create the "Healing Outreach, Prevention and Education (HOPE) Act" to set forth legislative findings to require that, beginning January 1, 2027, every nurse under the purview of the Mississippi Board of Nursing who applies for a nursing license or license renewal shall certify to the board that he or she has completed one hour of human trafficking training that includes a trauma-informed curriculum designed to educate nurses on identifying, responding to and reporting human trafficking. It would also require such nurses to report any suspected case of human trafficking involving a minor to the Mississippi Department of Child Protection Services, in accordance with sections 43-21-353 and 97-5-51, and to report any suspected case of human trafficking involving an adult to the appropriate law enforcement authorities when a victim is in imminent danger, after confirming a victim's consent, or

in any other circumstance when disclosure to law enforcement authorities is required by law. Furthermore, the Act would amend section 45-33-23, Mississippi Code of 1972, to require sex offender registration by persons convicted of human sex trafficking, and for related purposes. As of February 26, SB2446 remains active and pending further action.

House Bill 476, by Representative Sanford, was referred to the Judiciary A Committee and passed to the Senate after 117 Yeas/ 0 Nays.

HB476 would provide that health care providers and facilities shall comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) in charging fees for providing an individual's protected health information (PHI) to the individual or their personal representative. It would provide that health care providers and facilities shall be subject to the fee schedule in the Act in charging fees for photocopying and providing an individual's PHI to a third party. It would set the maximum amounts of fees that health care Providers and facilities may charge for sending an individual's PHI electronically to or reproducing the information in electronic format for a third party. More specifically, the provider or facility shall charge

no more than the following amounts to individuals or their personal representatives for photocopying any PHI;

- Twenty Dollars (\$20.00) for pages one (1) through twenty (20);
- One Dollar (\$1.00) per page for the next eighty (80) pages;
- Fifty Cents (50¢) per page for all pages thereafter.
- Ten percent (10%) of the total charge may be added for postage and handling.
- Fifteen Dollars (\$15.00) may be recovered by the medical provider or hospital or nursing home or other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located.

If the individual's PHI is maintained electronically by or on behalf of the provider or facility and the individual or his or her representative requests the information to be sent electronically to or reproduced in electronic format for a third party, Thirty Dollars (\$30.00) regardless of the number of pages, plus the actual cost of any supplies needed to reproduce the information in portable electronic media (e.g. a CD or USB drive), and the actual cost of any postage if the portable electronic media is mailed.

If the individual's protected health information is not maintained electronically by or on behalf of the provider or facility and the individual or his or her representative requests the information to be sent electronically to or reproduced in electronic format for a third party, the actual cost of the provider or facility for time and labor in converting the information to electronic format but not exceeding twenty-five cents (25¢) per page, plus the actual cost of any supplies needed to reproduce the information in portable electronic media (e.g. a CD or USB drive), and the actual cost of any postage if the portable electronic media is mailed.

Any medical provider, hospital, nursing home, or other medical facility shall charge no more than twenty-five dollars (\$25.00) for executing a medical record affidavit when the affidavit is requested by the patient or the patient's representative.

If HB476 passes, this act is expected to take effect and be in force from and after July 1, 2026. This bill would impact our Nurse Practitioner-owned facilities.

Several additional bills were introduced concerning full practice authority and scope-of-practice issues for Certified Registered Nurse Anesthetists and Certified Nurse Midwives. That failed to advance out of the originating committee before the February 3<sup>rd</sup> deadline.



**Melvin Smith, MPH, MSU Graduate Assistant**

Rural clinical encounters, like any others, require cultural fluency. As agricultural communities across Mississippi navigate workforce shortages, climate variability, and evolving healthcare access challenges, providers are increasingly asked to interpret not only symptoms but also stories.

Mississippi State University Extension is relaunching the Agriculture Family Friendly Training and Designation (AFTD) program from March 2 through June 26, 2026, with expanded continuing education options and new applied learning components.

**What’s New in 2026?**

1. “Understanding the Whole Story” Module Section

Building on participant feedback, the updated AFTD program now includes a dedicated section on interpreting rural symptom narratives.

In agricultural communities characterized by endurance and self-reliance, patients may attribute concerning symptoms to “just getting older” or “heat exposure.” This new section strengthens providers’ ability to:

- Recognize patterns of symptom normalization

- Use humble inquiry and active listening
- Collaboratively identify realistic next steps

This addition aligns with research supporting microlearning as an accessible and effective format for continuing education in clinical settings.

2. Expanded the Continuing Education Scope

The 2026 relaunch also expands accreditation pathways, reflecting AFTD’s interdisciplinary reach across health providers.

3. In-Person Session

In addition, AFTD will offer an in-person learning opportunity designed to deepen discussion through peer exchange. This session will help participants reflect on their learning through facilitated dialogue grounded in tangible agricultural contexts.

**Why This Matters**

Traditional rural health education often emphasizes geography-related barriers to care, such as distance and resource constraints, for rural populations. AFTD focuses on social impacts, including identity, economic stress cycles, and the farmer–land bond, within a clinical framing.

Reframing rural health education beyond geography, toward a contextual understanding of occupational culture and lived experience. When providers “understand the whole story,” they are better positioned to build trust by clarifying meaning and supporting informed decision-making in interactions.

**Registration Information**

The AFTD program will be open

March 2 – June 26, 2026.

To learn more and register, visit:

<https://extension.msstate.edu/food-and-health/rural-health/engaging-agricultural-and-rural-communities-for-better-health>



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### **Melvin L. Smith Jr., MPH**

*Melvin L. Smith Jr., MPH, is a doctoral student in Instructional Systems and Workforce Development at Mississippi State University. His research examines how technology, mentorship, and program design can improve access to workforce opportunities. Professionally, Melvin has worked across healthcare policy, IT operations, and higher education, focusing on building systems that connect institutional goals with community needs. His work emphasizes education as infrastructure and centers on developing pathways that support economic mobility for community populations.*



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the way we will be living in the future.*



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

...  
Contact MS Association of Nurse Practitioners, 1888 Main St, Suite C312, Madison, MS  
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