



# Advancing Practice

A Quarterly Publication, Spring 2023, Vol. 2, Issue 2

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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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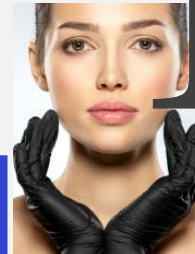
MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently to provide advocacy, education, and networking. Our Board of Directors 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. Our organization also sees a critical need to provide you with the highest continuing educational opportunities, and our members participate in key NP decision-making roles across the state. MS Association of Nurse Practitioners is your NP specialty association. We look forward to your continued participation.



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Tell us your story

The AANP State Nurse Practitioner Award for Excellence was established in 1993 followed by the AANP State Advocate Award for Excellence and is given to individuals in each state who demonstrates excellence in clinical care and advocacy for nurse practitioners. Awards are distributed to the recipients throughout the year, with recipients honored during the annual AANP national conference. AANP is the largest professional association for NPs of all specialties, with more than 121,000 members and headquarters in Texas and Washington, D.C. AANP's Mississippi State Liaison is Shonda Ricks Phelon, DNP, FNP-BC, AGNP-BC, PMHNP-BC, of Grenada.



**Christy Davis, DNP, FNP-C, CSOWM, CBN** (Brandon, MS) Receives 2023 AANP NP State Award for Excellence in MS. We congratulate, Dr. Davis works with Metabolic Medicine of Mississippi. She is a very active MANP member She is very passionate about the care she provides to her patients. She is also passionate about educating other nurse practitioners regarding chronic metabolic issues, especially obesity management. We are very proud to have you in our organization; this award is well deserved.



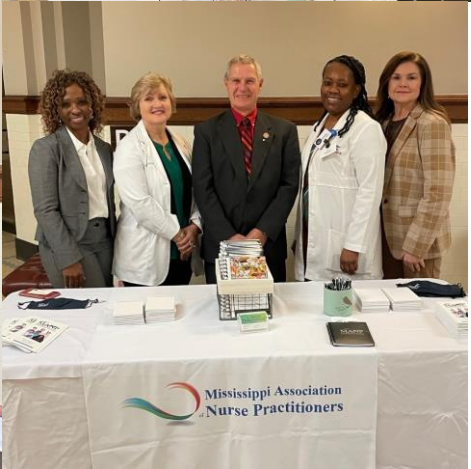
**Tina Highfill, DNP, FNP-BC, CCM, LNC** (Madison, MS) Receives 2023 AANP Advocate State Award for Excellence in MS- In recognition of her contribution as an advocate on behalf of nurse practitioners (NPs) and their patients. Dr. Highfill is the Executive Director of the MS Association of Nurse Practitioners.

Go Red for Heart Month 2023

Clarksdale, MS

Dr. Mary Williams, NP-owner of Urgent and Primary Care of Clarksdale, MS was the guest speaker for Chapel Hill M.B. Church on January 29, 2023, following their morning worship service. Dr. Williams has been a blessing to the individuals of MS delta for several years.

Dr. Williams was also recognized this month by US Congressman Bennie Thompson. She was honored for her tremendous positive impact on her community. Congratulations!





If you would like to participate in any of the area group networking or if you have a pharmaceutical rep that would like to sponsor an event. Please have them contact the MANP office at 601-407-3226 for more information.

**NW MS-** Board Director, Kent Hawkins

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**Madison, MS AbbVie Meeting 01/12/23**  
Georgia Blue



**Meridian, MS AbbVie Meeting 01/31/23**  
Weidman's

## Flowood, MS

Position: NP Cosmetic Injector  
Setting: Clinic Full-time with The Face & Body Center, 2550 Flowood Drive, Ste 100, Flowood MS 39232  
Email: careers@faceandbodycenter.com

The Nurse Injector is responsible for all aspects of patient care and will include taking medical histories, performing skincare consults, and completing injectable appointments (including but not limited to: Botox, Bellafill, Kybella, Dysport, Restylane, Radiesse, Juvederm & Voluma, PDO threads, PRP injections in the face and head). The Company will pay for additional training. The Nurse Practitioner Injector will see patients independently but will ultimately be supervised by the medical director.

## Ripley, MS.

Family Care Clinic of Ripley, Nurse Practitioner opportunity, full-time or part-time, private NP-owned Clinic, M-F no weekends. The NP will provide health promotion and screenings, safety instructions, and management of acute and chronic illnesses/diseases in adults and pediatrics. \$100,000-\$125,000 dependent on experience and work status.

Send your Resume to [Stclemmer@nmhs.net](mailto:Stclemmer@nmhs.net) or fax it to Sara Clemmer at 662-993-9338.

## Job Postings

To post your job here, contact us at [msanp@msanp.org](mailto:msanp@msanp.org) for details and pricing.

# Conferences



## 2023 APRN Update & Pharmacology Conference

ADHD, Pain Management, Audiology Testing Report Interpretation, New Diabetes Treatments, Genetic Obesity & Bardet-Biedl Syndrome, psychopharmaceutical update in drug-to-drug interactions, Major MS Healthcare indicators & MSDH strategies, 2023 Legislative Session Update. Register at <https://www.msanp.org/upcoming-events>

**4 March 2023**

**7:30 AM – 5:00 PM**

**Oxford Conference Center**  
**102 Ed Perry Blvd**  
**Oxford, MS 38655**

MANP 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 7.5 contact hours (which includes pharmacology hours. This activity was planned in accordance with AANP Accreditation Standards and Policies.

## 2023 Annual Conference & Membership Meeting

**July 24–26**

**The Lodge at Gulf State Park**  
**Gulf Shores, AL**

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Visit our website for more information





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

## March: Poison Control Month

### Opportunity for Patient Education

The top 10 items of poisoning related to children under 6 years according to the National Capital Poison Center (2022)

1. Cosmetics/Personal Care Products
2. Cleaning Substances
3. Analgesics
4. Foreign Bodies/tiny toys/ Misc
5. Dietary supplements/ herbals, etc
6. Vitamins
7. Topical preparations
8. Antihistamines
9. Pesticides
10. Plants

Reports to poison control of ingestion of edible cannabis by children under 5

years from 2017 to 2021 have increased nearly 15 times (Pediatrics, 2023). About 90% of the exposures occurred at the child's residence, 7% in a residence other than their own, and nearly 50% of the total 97% of cases were among 2-3 year-olds.

In a recent study in JAMA, of 7043 cases of edible cannabis exposure cases, 2.2% had major drug effects that were either life-threatening or caused residual disability (JAMA, 2022). In this same report, 21.9% of cases were pronounced with 8% of the children admitted to critical care units and another 14.6% admitted to non-critical units.

Symptoms included tachycardia (11.4%), vomiting (9.5%), ataxia (7.4%),

agitation (7.1%), confusion (6.1%), mydriasis (5.9%), respiratory depression (3.1%), tremors (2%), and seizures (1.6%) (Pediatrics, 2023). These reports have increased in states with either allowed medical cannabis regulations or in states where recreational cannabis use is legal.



Mississippi's new medical cannabis regulation which allows for patient certification began in January this year. This lays the foundation for an ideal opportunity to educate. You will see patients in your practice who are or may become certified. With Mississippi new to the medical cannabis arena, educate parents and grandparents when performing well-child examinations. When evaluating sick visits, be mindful of unintentional ingestion of products by young children. Many accidental ingestions are unwitnessed. Medical cannabis certifying practitioners should provide adults with children educational information to prevent accidental ingestion of tempting products by young children. Also, remember to

educate grandparents who may co-parent and encourage reminders to keep potentially harmful products out of a child's reach. Medicinal edible preparations such as cookies, brownies, gummies, and candies are significantly appealing to young children. These are particularly available in OTC preparations. Parents may have the misconceived idea that because a product is labeled OTC it is harmless.



### References

- Marit S. Tweet, Antonia Nemanich, Michael Wahl; Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017–2021. *Pediatrics* 2023; e2022057761. 10.1542/peds.2022-057761
- Myran DT, Cantor N, Finkelstein Y, et al. Unintentional Pediatric Cannabis Exposures After Legalization of Recreational Cannabis in Canada. *JAMA Netw Open*. 2022;5(1):e2142521. doi:10.1001/jamanetworkopen.2021.42521
- National Capital Poison Center (2022), National Data 2020, retrieved from: <https://www.poison.org/poison-statistics-national>





## Medical Record Regulations

Section 11-1-52, Mississippi Code of 1972, has limitations of charges permitted for photocopying patients' records by medical provider; providers to make reasonable charges for depositions; limitations on charges permitted for execution of patient-requested medical record affidavit by medical provider; medical providers to comply with HIPAA.

Per regulations (1) Any medical provider, hospital, nursing home, or other medical facility shall charge no

more than the following amounts to patients or their representatives for photocopying any patient's records:

- Search Fee: \$20.00 Flat Fee (first 20 pages)
- Pages 21 – 100: \$1.00 per page
- Pages 101+: \$0.50 per page
- Search/ Storage Fee: \$15.00 (only charged if records are retrieved from an off-site location)
- Certification Fee: \$25.00
- Ten percent (10%) of the total charge may be added for postage and handling.

(2) A physician shall only charge normal, reasonable, and customary charges for a deposition related to a patient that the physician is treating or has treated.

(3) 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.

(4) In charging the fees authorized under subsection (1) of this section, the medical provider, hospital, nursing home or other medical facility shall comply with the federal

Health Insurance Portability and Accountability Act (HIPAA). Source: Miss. Code § 11-1-52  
<https://law.justia.com/codes/mississippi/2013/title-11/chapter-1/section-11-1-52/>

Worker's Comp:  
 Pages 1 - 5: \$15.00 (per admission)  
 Pages 6+: \$0.50 per page (per admission, in addition to above \$15 fee)

Max Fee: \$50.00 per admission (excluding postage/handling and retrieval charges)

Source: MS Worker's Comp  
<http://www.sos.ms.gov/ACProposed/00019998b.pdf>

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**SHANE SCOTT, DO**  
 Board Certified Internal  
 Medicine & Pediatrics  
 MBA Anticipated May 2023

It's no surprise that the aesthetic industry has been booming over the last several years. In the age of zoom, social media, and all things "influencers", we seem to be more aware and concerned with our physical appearance than ever. According to Straits Research (2022), it is projected that the Medical Aesthetic Industry will bring in over 138 billion dollars by 2030. Gone are the days of only the privileged receiving these services. Rather, 63% of medical spas are non-physician owned, according to a report from AmSpa in 2022 (Moeller, 2023). So what does this mean for us as Nurse Practitioners (NPs)? Well, let's break it down to see if aesthetics is a good fit for you and your practice.

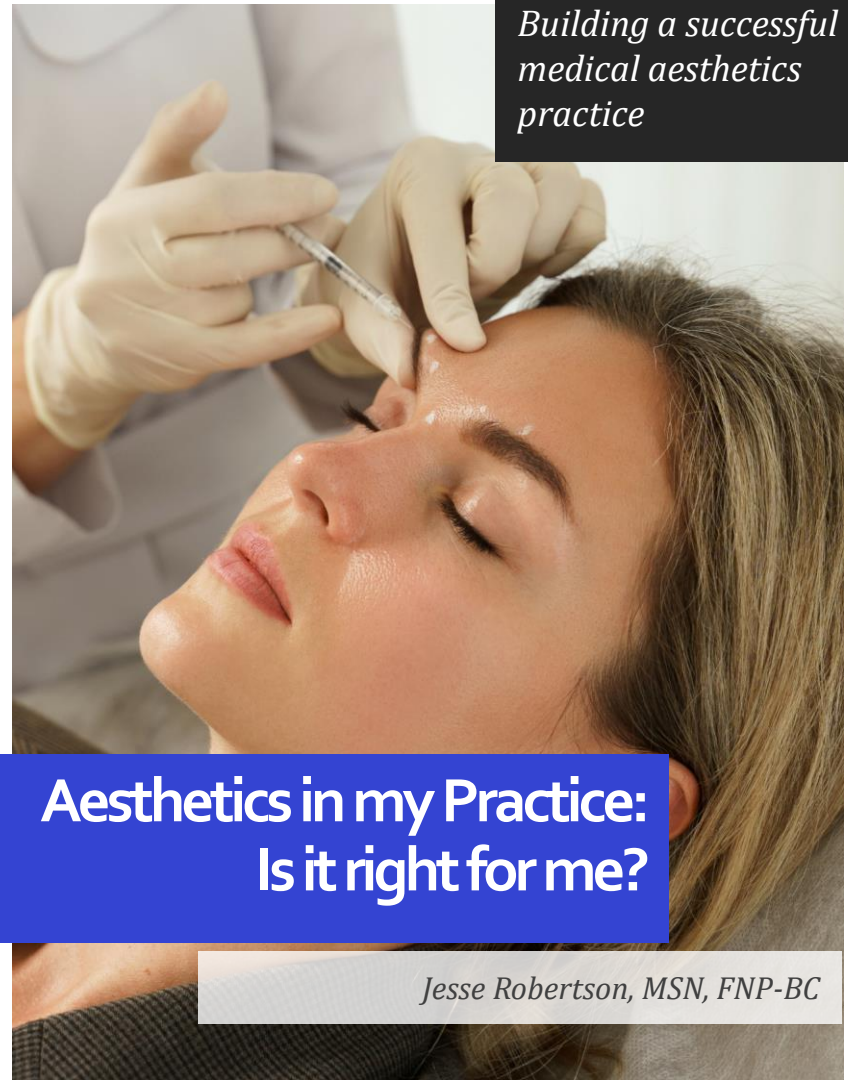
As with any other profession, we must consider the most important question first... are you passionate about aesthetics? Does it light a fire in you or are you blinded by the potential financial gain? If we are honest with ourselves, it may be a combination of both. And that's ok. The most important aspect of launching an aesthetic practice is by researching for yourself not just the potential financial gain, but also what is involved in offering aesthetic services such as peace of mind, time, costs, etc. This practice is much more than just "a weekend course" if you want to be proficient and successful.

After some thought and research, the next step to begin your aesthetics journey is by researching what is required by the Mississippi Board of Nursing to gain these privileges. After all, we still have rules and regulations to follow. As we know, the scope of practice can vary greatly depending on your state. For example, Registered Nurses (RNs) are allowed to inject in Tennessee (Avila, 2023) but just across the way in Alabama, only MD/DOs can inject (Alabama Board of Nursing, 2018). After you have researched the laws in Mississippi (MS), you next need to discover the requirements for injecting, such as preceptor guidelines, accredited courses, procedures allowed, etc.



Medical Aesthetics

Now, after you have done your due diligence and you have decided that aesthetics is right for you, it's time to decide how you will start your business. If you are already a clinic owner or clinic administrator, you know that the list can be exhaustive. I am going to highlight just a few important questions you need to ask yourself: *(cont'd page 15)*



*Building a successful medical aesthetics practice*

## Aesthetics in my Practice: Is it right for me?

*Jesse Robertson, MSN, FNP-BC*

The most important aspect of launching an aesthetic practice is doing the research for yourself.



(Cont'd from page 13)

1. Do I have a qualified preceptor?
2. Do I have the space needed to incorporate this practice?
3. Do I have the financial means (or can I obtain finances) to start my practice?
4. What supplies will I need to get started?

Now that you know some of the logistics surrounding the aesthetic industry, let's wrap this up by asking ourselves one final question: are you willing to put the time and effort into building a successful practice? There is so much to consider. Do you want to be minimal and just offer neurotoxin at your current place of practice? Or do you want to dive headfirst and open a full medical spa? I don't think there is a right or wrong answer. It is totally up to you, which is one of the beauties of our profession in the first place!

I hope this article has been an encouragement to you and helped you determine if aesthetics is something you would like to look into further. Aesthetics can require a lot of work, time, and continued education. We are talking about people's faces, after all. We, as NP's, always want to provide the highest quality care and service in whatever field that may be.

Still have questions? We offer virtual and in-person mentorship regarding all things aesthetics to NPs in Mississippi. Email us at [jrobertson@pfuc.net](mailto:jrobertson@pfuc.net) to learn more!

## MS Health Alert

### MS Health Alert Network

February 2, 2023, the MSDH and the CDC issues an alert concerning an *Outbreak of Extensively Drug-resistant Pseudomonas aeruginosa Associated with Artificial Tears*.

Please see the Centers for Disease Control Health Alert regarding an Outbreak of Extensively Drug-resistant *Pseudomonas aeruginosa* Associated with Artificial Tears. No cases associated with this outbreak have been reported in Mississippi to date. Mississippi Physicians, providers and laboratories should report cases of Carbapenem resistant *Pseudomonas aeruginosa* (CRPA) to the Mississippi State Department of Health Office of Epidemiology, and submit isolates to the Mississippi Public Health Laboratory:

<https://msdh.ms.gov/han/19630.pdf>

To date that have been 58 cases reported from over 13 states. The FDA issued a warning not to purchase or use EzriCare Artificial Tears due to potential contamination which is the most common brand. One patient as died and five others have suffered permanent vision loss.

## Is it really non-compliance?

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

Is the patient truly non-compliant? The lines can blur concerning treatment plans or prescription adherence. Step back and evaluate whether your patient is truly non-compliant, non-adherent, or is it due to treatment intolerance.

Non-compliance, non-adherence, and treatment intolerance differ greatly in context and how they are perceived by the patient as well as by the provider. As a provider, you don't want to label your patient in a negative way. Patient portals have increased patient awareness of what is included in their medical records. Non-compliance is defined by most as the failure or refusal to comply with something that is "required" most commonly a rule or regulation portraying defiance. Non-adherence, according to Sam (2023), is the resulting condition when a patient refuses to maintain a prescribed therapeutic regime. Non-adherence may result in missed doses, incorrect timing of doses, inappropriate

combinations, omissions of the plan, or skipping days of the regime due to unwanted side effects. The causes of non-adherence could be related to finances, transportation, or lack of access to the prescribed treatment. Often times the medical plan providers choose in evidence-based practice is just too costly for the patient to manage. Intolerance, on the other hand, results in side effects that are unbearable or not acceptable to the patient. Patients are often given treatment plans and prescriptions without consideration of how these fit into the patient's lifestyle or how easily tolerated. Properly documenting non-compliance, non-adherence, or intolerance and the patient's concerns may be a better way to find a solution.

### Reference

Sam M.S., "NONADHERENCE," in *PsychologyDictionary.org*, April 7, 2013, <https://psychologydictionary.org/nonadherence/> (accessed February 5, 2023).

*What to Do When Patients Don't Listen - Medscape - Jan 11, 2023.*



# Telehealth seeks to improve a patient's health

Telehealth (or Telemonitoring) is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distances. For purposes of Medicaid, telehealth seeks to improve a patient's health by permitting two-way, real-time interactive communication between the patient, and the physician or practitioner at a distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, *both* audio and video equipment. The Mississippi Board of Nursing does not have specific regulations at this time to address telehealth; however, they do follow the National Council of State Board of Nursing's recommendation for both audio and visual components utilizing a HIPAA-compliant platform. This does not include facetime, skype, or google duo.

Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation that do not meet the Medicaid definition of telehealth. Telehealth is viewed as a cost-effective alternative to the more traditional

face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. This definition is modeled on Medicare's definition of telehealth services (42 CFR 410.78). Note that the federal Medicaid statute does not recognize telehealth as a distinct service.

Only certain services are covered under telehealth. It is the provider's responsibility to check with the payer source to determine covered services. States may select from a variety of HCPCS codes (T1014 and Q3014), CPT codes, and modifiers (GT, U1-UD) in order to identify, track and reimburse for telehealth services.

Medicaid guidelines require all providers to practice within the scope of practice regulated by their State Practice Act. Most states have regulations and/or have enacted legislation that requires providers using telehealth technology across state lines to have a valid state license in the state where the patient is located and where the provider is located. Any such requirements or restrictions placed by the state are binding under current Medicaid rules. DEA and state regulatory boards also enforce prescribing related to telehealth.

The Mississippi APRN privilege to practice is not a compact license and is only valid for the state of Mississippi. The APRN providing telehealth services should be cautious not to practice in other states without sufficient licensing. Contact your board for specific questions related to your telehealth practice.

References:

<https://www.medicaid.gov/medicaid/benefits/telehealth/index.html>



## Cerebral & Truepill Under Investigation

The DEA issued a news release in December concerning an Order served to Show Cause on Truepill Pharmacy, a pharmacy for telehealth companies such as Cerebral. Cerebral telehealth company is also under investigation by the DEA. "According to the Order to Show Cause, between September 2020 and September 2022, Truepill filled more than 72,000 controlled substance prescriptions, 60 percent of which were for stimulants, including generic forms of Adderall®. In numerous instances, Truepill dispensed controlled substances pursuant to prescriptions that were not issued for a legitimate medical purpose in the usual course of professional practice. An investigation into Truepill's operations revealed that the pharmacy filled prescriptions that were: unlawful by exceeding the 90-day supply limits; and/or written by prescribers who did not possess the proper state licensing.

An Order to Show Cause is an administrative action to determine whether a DEA Certificate of Registration should be revoked. Until a determination is made, this action does not affect a registrant's ability to handle or distribute a controlled substance." (DEA, 12/15/2022). According to multiple reports, Cerebral is under investigation by the Department of Justice which was initiated in May of 2022 and is ongoing. News outlets report the investigation is in connection to nurse practitioners allegedly feeling pressured to prescribe ADD and ADHD controlled substances, specifically Adderall. Further, the NPs cited that the time allotted for telehealth sessions were insufficient to adequately assess a patient's need for stimulants and diagnose ADHD.

References:

<https://www.dea.gov/press-releases/2022/12/15/dea-serves-order-show-cause-truepill-pharmacy-its-involvement-unlawful>

# DEA DATA-Waiver Update

The following information was provided in a letter issued to DEA registrants on or about December 29, 2022, by DEA Administrator Anne Milgram. With the signing of the Consolidated Appropriations Act of 2023 (the Act), Congress eliminated the "DATA-Waiver Program."

DEA fully supports this significant policy reform. In this moment, when the United States is suffering tens of thousands of opioid-related drug poisoning deaths every year, the DEA's top priority is doing everything in our power to save lives. Medication for opioid use disorder helps those who are fighting to overcome opioid use disorder by sustaining recovery and preventing overdoses. At DEA, our goal is simple: we want medication for opioid use disorder to be readily and safely available to anyone in the country who needs it. The elimination of the X-Waiver will increase access to buprenorphine for those in need.

All DEA registrants should be aware of the following:

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder.

- Going forward, all prescriptions for buprenorphine only require a standard DEA registration number.
- The previously used DATA-Waiver registration numbers are no longer needed for any prescription.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine.
- The Act does not impact existing state laws or regulations that may be applicable.

Separately, the Act also introduced new training requirements for all prescribers. These requirements will not go into effect until June 21, 2023. The DEA and SAMHSA are actively working to provide further guidance and DEA will follow up with additional information on these requirements shortly. Importantly, these new requirements do not impact the changes related to elimination of the DATA-Waiver Program described above.

Reference:

<https://www.deadiversion.usdoj.gov/pubs/docs/index.html>



Per CMS, "Clarify that for both new and established E/M services, a Chief Complaint or other historical information already entered into the record by ancillary staff or patients themselves may simply be reviewed and verified rather than re-entered" (Coding Intel, 2022).

Additionally, students may document services in the medical record. However, the teaching provider must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision-making. The teaching provider must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed but may verify any student documentation of them in the medical record, rather than re-documenting this work. In further clarification "Documentation performed by medical students, advanced practice nursing students, and physician assistant students: Per CMS: "Therefore, we propose to establish a general principle to allow the physician, the PA, or the APRN who furnishes and bills for their professional services to review and

verify, rather than re-document, information included in the medical record by physicians, residents, nurses, students or other medical team members. This principle would apply across the spectrum of all Medicare-covered services paid under the PFS." (Coding Intel, Medicare Claims Processing Manual, 100-04, Chapter 12, Section 100).

CMS has 2% reimbursement cuts slated for 2023. CMS does not allow "split or shared" visit billing by two providers to increase reimbursement.

#### References

CodingIntel, 2023, Retrieved from [https://codingintel.com/cms-update-on-medical-record-documentation-for-em-services/#\\_ftn1](https://codingintel.com/cms-update-on-medical-record-documentation-for-em-services/#_ftn1)

Medicare Claims Processing Manual, 100-04, Chapter 12, Section 100, Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4068CP.pdf#:~:text=I.%20SUMMARY%20OF%20CHANGES%3A%20This%20revision%20to%20Pub.,rather%20than%20re-documenting%20the%20work.%20%28Manual%20Update%20Only.%29>



# Migraines

*Enhancing your practice to empower your patients*

Gina Burge, NP-BC, AQH



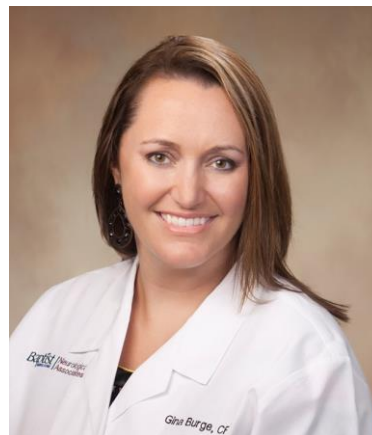
According to the Global Burden of Disease (GBD) study, headache disorders are among the most prevalent and disabling conditions worldwide. Migraine is a primary headache disorder that affects over 1 billion people worldwide and roughly 39 million people in the United States. Migraine is the second most common cause of disability worldwide.

With the impact that migraine has on so many lives, it is crucial that providers understand the severity and impact of migraines in order to provide an appropriate preventative and/or acute treatment plan. A simple screening tool with 3 questions can help guide conversations during office visits which include the following:

1. Does your headache limit routine daily activities, work/school, or social activities?
2. Does your headache cause nausea?
3. Does your headache cause photophobia? If a patient answers "yes" to at least 2 out of 3 questions, your patient is most likely experiencing a migraine.

There are more treatment options available than ever for migraine patients. All migraine patients need an acute treatment plan. It is important that

patients treat migraine attacks early and avoid the overuse of certain acute medications. If a patient is experiencing 2-4 migraine attacks per month, then preventative therapy should be considered as well. When creating a treatment plan, ensure your patients understand their diagnosis of migraine, involve them in goal planning and treatment choices, and establish treatment expectations to help maximize adherence. Resources for your practice and patients can be found through the National Headache Foundation, American Migraine Foundation, and the American Headache Society.



Nurse Practitioner Burge is employed at Baptist Neurological Associates which is a MS Baptist Health Systems affiliate in Jackson, MS. NP Burge is a Senatobia, MS native. She received her MSN Family Nurse Practitioner degree from MS University for Women in 2008. She has 15 years of diverse experience with an area of expertise in Neurology. NP Burge is an active member of MANP. She has presented educational content at several of our conferences. She is also on the Speakers Bureau for AbbVie Pharmaceuticals. She has presented educational programs concerning Atogepant (Qulipta) and ubrogepant (Ubrovelvy) across the state. Atogepant (Qulipta) is indicated for the preventive treatment of episodic migraine in adults. Ubrogepant (Ubrovelvy) is indicated for the acute treatment of migraine with or without aura in adults. Ubrovelvy is not indicated for the preventive treatment of migraine.



## Mississippi Board of Nursing Updates

The Board of Nursing and committees met on Friday, February 10, 2023. Dr. Melissa King, DNP, FNP-BC, ENP, Chair of the Advanced Practice Committee advised the full board during Friday's board meeting that several topics were up for discussion during their meeting, but the committee did not have any motions to bring before the full board.

MANP communicated with Dr. Phyllis Johnson, Executive Director for the Board earlier in February requesting the Board consider revisiting the Mississippi Admin. Code regarding the prescribing of weight loss medications by Nurse Practitioners and to consider mirroring the Board of Medical Licensure's [Temporary Filing with the MS Secretary of State on 01/20/2023 of Part 2640 R. 1.5 Use of Diet Medication](#). The Medical Board made changes to the prescribing of semaglutide-based legend drugs by physicians and physician assistants during their Board meeting in January. Current BON regs require the prescribing of diet medications to strict FDA labeling and indications for obesity or weight loss.

*If you have APRN questions for the BON, contact Dr. Rebecca Cagle, Dir. Advanced Practice & Licensure via email at [RCagle@msbn.ms.gov](mailto:RCagle@msbn.ms.gov) or via phone at (601) 957-6259 or (601) 337-1578.*



## Moving Legislation

*Tina Highfill, DNP, FNP-BC, CCM, LNC*

The 2023 Mississippi Legislative Session began on January 3. As always MANP and Ten One Strategies have a presence at the Capitol advocating on behalf of nurse practitioners.

The introduction, movement, and monitoring of bills are underway. Over 3000± bills, resolutions, and confirmations are introduced during a session. Mississippi's session will continue until approximately April. The public sees the battle for a bill beginning when that bill is introduced and referred to a particular committee. Quite honestly, the battles begin long before that and are won or lost in meetings outside of the public eye. A bill cannot move out of the committee until the Chair of the committee brings it up for a committee vote. If it passes, the bill moves on through the other stages of the session. If the Chair does not bring up the bill in the committee, it basically sits in the committee and will "die" if not taken up by the deadline.

MANP and Ten One Strategies monitor, support, or oppose certain pieces of legislation each session. The MANP/Ten One team monitors the daily bill action reports and researches any bill that will affect the NP role. You can be assured that MANP and Ten One Strategies are there advocating and fighting to secure the nurse practitioners' role.

Unfortunately, our Full practice Authority bills, SB2796, HB 727, and HB 796 died in the Public Health and Welfare committees in both the House and Senate. Chairman Hob Bryan did not provide a formal statement during the committee meeting. He did say in a meeting with MANP and other groups of interest that he "could see [we] had Put forth a good effort to try and address [his] concerns from the hearing last

summer but was not there yet." He did not elaborate further concerning measures he would like to see taken.

Currently, there are several bills this session that are currently in committee concerning APRN practice, potential tax credits, faculty salary incentives, and controlled substances.

MANP opposed HB1317. This Bill, passed out of the House Public Policy committee went to the House floor for a vote on 02/09/23. After much-heated debate, the Bill was tabled by the Chair. HB1317, authored by Rep. Yancey, Chair of the Drug Policy committee, would allow an expansion of the scope of practice to pharmacists to test or screen for and initiate or administer treatment for minor, nonchronic health conditions. For purposes of this section, a "minor, nonchronic health condition" means typically a short-term health condition that is generally managed with non-controlled drug therapies, minimal treatment, or self-care, and includes all of the following; Influenza; Streptococcus; SARS-COV-2 or other respiratory illness, condition, or disease; Lice; Urinary tract infection; Skin conditions, such as ringworm and athlete's foot; Other emerging and existing public health threats identified by the State Department of Health if permitted by an order, rule, or regulation; and Other health conditions that can be screened utilizing the CLIA waived tests. These excluded physical exams.



# The Doctor of Nursing Practice... Why this Terminal Degree Matters



*Cathy Stepter, DNP, APRN, Dean of Nursing, Professor  
Baptist Health Sciences University*

Advanced practice nursing preparation has evolved since the 1960s, from certificate preparation to the master's degree, and the Doctor of Nursing Practice (DNP). Variation among entry to nurse practitioner degree preparation remains, but the emergence of hundreds of DNP programs since 2006 has shifted the profession to this terminal degree focus. Why the emphasis on the DNP degree?

Competency attainment for the DNP was originally described to focus on leadership, evidence-based practice, critical thinking, and quality improvement (AACN, 2022). What we have discovered since the implementation is that much variation has existed among DNP curricula, clinical experience, evidence-based project rigor and production of outcomes, as well as employer utilization to the fullness of academic preparedness. In some areas, there has been employer confusion on

how to optimize the use of the DNP-prepared nurse, mostly limiting providers to direct patient care without opportunities to expand leadership or evidence-based practice influence (AACN, 2022).

The American Association of Colleges of Nursing recently released *The Essentials: Core Competencies for Professional Education*, (AACN 2021). Focusing on competency-based education, a nursing framework of domains exists for the nursing profession, with an elaboration of specific competencies that further delineate entry to practice and advanced practice sub-competencies. The domains are future focused on healthcare needs including knowledge for nursing practice; person-centered care ; population health; scholarship for nursing discipline; quality and safety; interprofessional partnerships; systems-based practice; informatics

and healthcare technologies; professionalism; and personal, professional, and leadership development. This shift in nursing education is intended to help create a common language for the nursing profession and defines competency expectations for all nurses in advanced practice roles. This common competency language will improve understanding of the full scope and education preparation for the advanced practice nurse, which is essential for the advancement of healthcare.

Nurses may choose to complete their advanced practice nursing education through a BSN to DNP pathway, which will likely reduce the overall time to terminal degree completion. Current advanced practice nurses may also complete utilizing an MSN to DNP pathway. Many programs offer flexibility with online coursework, often coupled with face-to-face intensives for competency assessments. The hallmark clinical project equips the graduate with the competencies to positively impact evidence-based practice and practice change through clinical scholarship. Personal and professional fulfillment comes from the acknowledgment and esteem of obtaining the Doctor of Nursing Practice degree, and the variety of clinical and non-clinical roles available.

Baptist Health Sciences University (BHSU) is a private, health sciences school in Memphis, Tennessee that offers the Doctor of Nursing Practice degree with adult-gerontology acute care and primary care nurse practitioner concentrations. Students

can complete the BSN to DNP program full-time in three years, or part-time in four years. Currently practicing MSN-prepared NPs can obtain their DNP with a second nurse practitioner credential in just under three years. Serving the tri-state area of Tennessee, Mississippi, and Arkansas, BHSU seeks to prepare graduates for careers of service and leadership by providing a comprehensive health sciences education within an integrated environment of learning and Christian principles ([www.baptistu.edu](http://www.baptistu.edu)). Affiliated with one of the largest not-for-profit healthcare systems, Baptist Memorial Health Care Corporation, BHSU has over 100 years of experience in education. If you're interested in expanding your nursing practice, please contact Dr. Marcy Purnell, DNP Program Chair at [marcy.purnell@baptistu.edu](mailto:marcy.purnell@baptistu.edu). You may find additional program information details at [www.baptistu.edu/DNP](http://www.baptistu.edu/DNP).

- Sept. 2023 MSN to DNP admissions deadline is March 15, 2023
- Jan. 2024 BSN to DNP admissions deadline is June 15, 2023

## References

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Cathy Stepter serves as the Dean of Nursing at Baptist Health Sciences University. She is a certified Adult-Gerontology Acute Care Nurse Practitioner, Adult-Health Clinical Nurse Specialist, and Certified Nurse Educator.

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We advocate for NPs with the legislature, Congress, other policymakers, and other healthcare associations both in the state and nationally. MS Association of Nurse Practitioners' key initiatives include;

- Full Practice Authority allows NPs to practice to the fullest extent of their education & training within their respective scopes of practice
- Increase Access to care for patients
- NP orders for DME, Home Health, Hospice
- NP signature recognition on legal documents and eliminating co-signatures
- NP Income tax incentives & exemptions for underserved practice areas & clinic owners
- NP reimbursement
- Increased faculty salaries

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