SOS APA Form 001

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Dental Examiners		Chris L. Hutchinson	601-944-9622	
ADDRESS		CITY	STATE	ZIP
Suite 100, 600 East Amite Street		Jackson	MS	39201 -2801
EMAIL	SUBMIT DATE	Name or number of rule(s):		
executivedirector@dentalboard.ms.gov	5/19/2020	30 Mississippi Administrative Code Part 2301, Rule 1.30- Administration of Anesthesia//System No. 24672		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: MSBDE previously voted to repeal Regulation 29 and replace said rule with Regulation 30. Rule 30 was significantly changed in Board Meeting 5/15/20 that procedurally will require a withdrawal and refiling.

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. 73-9-13

List all rules repealed, amended, or suspended by the proposed rule: 30 Mississippi Administrative Code Part 2301, Rule 1.29- Administration of Anesthesia

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

XX Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** 1/2/2020
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_X_ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify):	**Effective date:**
		_____ 30 days after filing
		_X_ Other (specify): immediately

Printed name and Title of person authorized to file rules: Chris L. Hutchinson, Executive Director

Signature of person authorized to file rules: *Chris L. Hutchinson*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAY 19 2020 MISSISSIPPI SECRETARY OF STATE #24897
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by**

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