

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Dental Examiners		CONTACT PERSON Chris L. Hutchinson	TELEPHONE NUMBER 601-944-9622	
ADDRESS Suite 100, 600 East Amite Street		CITY Jackson	STATE MS	ZIP 39201 -2801
EMAIL executivedirector@dentalboard.ms.gov	SUBMIT DATE 5/19/2020	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: 30 Mississippi Administrative Code Part 2301, Rule 1.29- Administration of Anesthesia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.

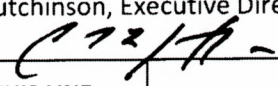
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

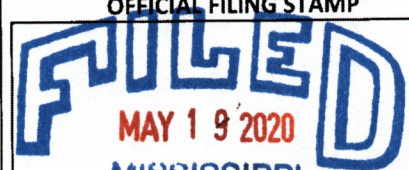
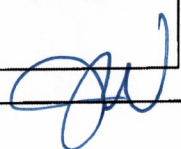
ECONOMIC IMPACT STATEMENT:

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

TEMPORARY RULES _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	PROPOSED ACTION ON RULES Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	FINAL ACTION ON RULES Date Proposed Rule Filed: <u>1/2/2020</u> Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference ☒ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing ☒ Other (specify): <u>immediately</u>
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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 Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP Accepted for filing by _____	OFFICIAL FILING STAMP  MAY 19 2020 MISSISSIPPI SECRETARY OF STATE <u>#24847</u> Accepted for filing by 
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.