

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Nursing Home Administrators		CONTACT PERSON Carrie Rowden	TELEPHONE NUMBER 601-362-6914	
ADDRESS 1755 Lelia Drive, Suite 305		CITY Jackson	STATE MS	ZIP 39216
EMAIL crowden@msnha.ms.gov	SUBMIT DATE 4/21/2021	Name or number of rule(s): Title 30, Part 2701, Chapter 1, Rule 1.3.H.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule is being amended to increase licensure fees (renewal and reinstatement fees) per legislative authority (House Bill 95).

Specific legal authority authorizing the promulgation of rule: MS Code Ann., Section 73-17-7(2)(Rev. 2011)

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2701, Chapter 1, Rule 1.3.H.

ORAL PROCEEDING:

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

☒ 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:

☒ 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: _____
 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): _____

Printed name and Title of person authorized to file rules: Carrie Rowden, Executive Director

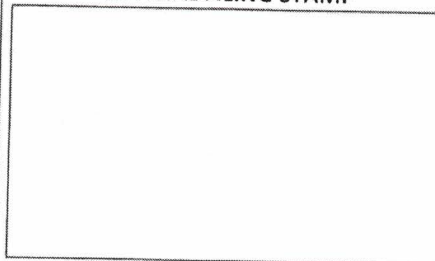
Signature of person authorized to file rules: *Carrie Rowden*

OFFICIAL FILING STAMP



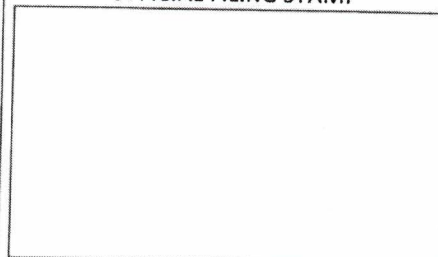
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#25491

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