

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Board of Nursing		CONTACT PERSON Westley Mutziger	TELEPHONE NUMBER (601) 957-6275, (601) 213-7513	
ADDRESS 713 S. Pear Orchard Road, Plaza 2, Suite 300		CITY Ridgeland	STATE MS	ZIP 39157
EMAIL wmutziger@msbn.ms.gov	SUBMIT DATE 04/30/2021	Name or number of rule(s): 30 Miss. Admin. Code Pt. 2860: Certified Clinical Hemodialysis Technicians (CCHTs)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Miss. Code Ann. Section 73-79-1, designates the Mississippi State Board of Health as the regulatory authority for hemodialysis technicians, a role previously assigned to the Mississippi Board of Nursing. The Mississippi State Department of Health has promulgated administrative regulations for CCHTs, effective 11/09/2019. The Mississippi Board of Nursing seeks to repeal administrative regulation 30 Miss. Admin. Code Pt. 2860: Certified Clinical Hemodialysis Technicians (CCHTs).

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. 73-15-17 (a)

List all rules repealed, amended, or suspended by the proposed rule: 30 Miss. Admin. Code Part 2860

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☒ Presently, an oral proceeding is not scheduled on this rule.

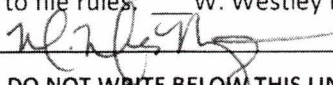
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

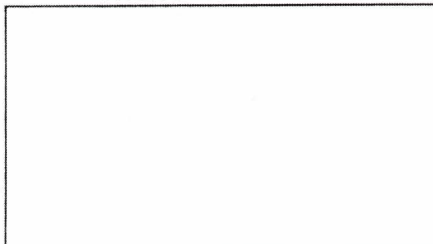
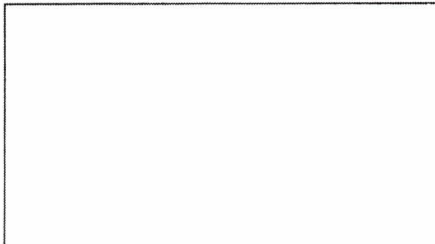
ECONOMIC IMPACT STATEMENT:

- ☒ 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: _____ days after filing _____ Other (specify): _____	FINAL ACTION ON RULES Date Proposed Rule Filed: <u>2/18/2020</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): _____
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Printed name and Title of person authorized to file rules: W. Westley Mutziger

Signature of person authorized to file rules: 

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