SOS APA Form 001

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS Board of Nursing	Westley Mutziger	(601) 957-6275, (601) 213-7513	
ADDRESS	**CITY**	**STATE**	**ZIP**
713 S. Pear Orchard Road, Plaza 2, Suite 300	Ridgeland	MS	39157
EMAIL	**SUBMIT DATE**	**Name or number of rule(s):**	
wmutziger@msbn.ms.gov	04/30/20 21	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List all rules repealed, amended, or suspended by the proposed rule: 30 Miss.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: _____

x☐ 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:** 2/18/2020
_____ 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:**	_____ Withdrawn
	_____ days after filing	__X__ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		__X__ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: W. Westley Mutziger

Signature of person authorized to file rules: W. Westley Mutziger

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED APR 30 2021 MISSISSIPPI SECRETARY OF STATE

Accepted for filing by	Accepted for filing by	Accepted for filing by #25514

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