

## Mississippi Secretary of State

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

## ADMINISTRATIVE PROCEDURES NOTICE FILING

|                                                           |                          |                                                                                                |                                  |              |
|-----------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------|----------------------------------|--------------|
| AGENCY NAME<br>MISSISSIPPI STATE BOARD OF MASSAGE THERAPY |                          | CONTACT PERSON<br>Yvonne Laird, Executive Director                                             | TELEPHONE NUMBER<br>601-732-6038 |              |
| ADDRESS<br>Post Office Box 20; 353 South Fourth Street    |                          | CITY<br>Morton                                                                                 | STATE<br>MS                      | ZIP<br>39117 |
| EMAIL<br>director@msbmt.state.ms.us                       | SUBMIT DATE<br>7/12/2021 | Name or number of rule(s):<br>MISSISSIPPI STATE BOARD OF MASSAGE THERAPY RULES AND REGULATIONS |                                  |              |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Include acceptance of ProTraining, LLC as an approved CPR/FA provider; update website address; add provisions to comply with Fresh Start Act of 2019; clarify fines and penalties; reapplication fee categories; continuing education sign-in sheet requirements; include provisions applicable to the issuance of a license to applicants who are members of the military, or married to or dependents of the military (Military Freedom Act)(SB2117); include rule modifications made by the Board under the Governor's state of emergency; deleted rules that were identical to statute; to correct typographical errors in previous Rules; make changes due to the passage of House Bill 1263 and the MS Massage Therapy Act; and change CEU provider reporting requirements.

Specific legal authority authorizing the promulgation of rule: 73-4-7(1)(b)

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2501

## 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.

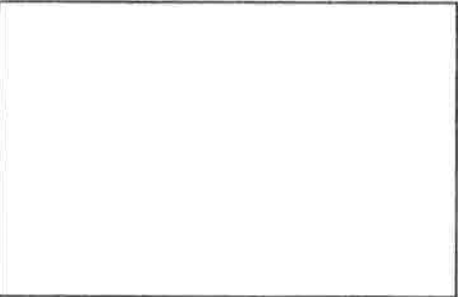
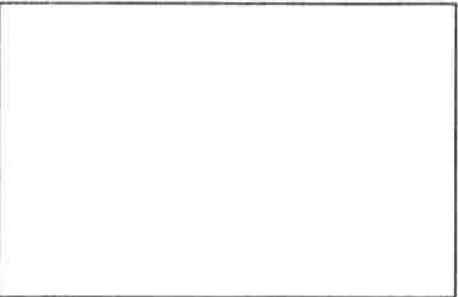
## ECONOMIC IMPACT STATEMENT:

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

| TEMPORARY RULES                                                                                                                                                                                                                                                                | PROPOSED ACTION ON RULES                                                                                                                                                                                                                                                                                                                                                        | FINAL ACTION ON RULES                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Original filing<br><input type="checkbox"/> Renewal of effectiveness<br>To be in effect in _____ days<br>Effective date:<br><input checked="" type="checkbox"/> Immediately upon filing<br><input type="checkbox"/> Other (specify): _____ | <b>Action proposed:</b><br><input type="checkbox"/> New rule(s)<br><input type="checkbox"/> Amendment to existing rule(s)<br><input type="checkbox"/> Repeal of existing rule(s)<br><input type="checkbox"/> Adoption by reference<br><b>Proposed final effective date:</b><br><input type="checkbox"/> 30 days after filing<br><input type="checkbox"/> Other (specify): _____ | <b>Date Proposed Rule Filed:</b><br><b>Action taken:</b><br><input type="checkbox"/> Adopted with no changes in text<br><input type="checkbox"/> Adopted with changes<br><input type="checkbox"/> Adopted by reference<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Repeal adopted as proposed<br><b>Effective date:</b><br><input type="checkbox"/> 30 days after filing<br><input type="checkbox"/> Other (specify): _____ |

Printed name and Title of person authorized to file rules: Yvonne Laird, Executive Director

Signature of person authorized to file rules: *Yvonne Laird*

| OFFICIAL FILING STAMP                                                                                                                 | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP                                                          | OFFICIAL FILING STAMP                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <br>Accepted for filing by <i>25717</i> <i>ABM</i> | <br>Accepted for filing by | <br>Accepted for filing by |

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