Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health	Jim Craig, Senior Deputy, Director of Health Protection	601-576-7847	
ADDRESS PO Box 1700	CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Cassandra.Walter@msdh.ms.gov	SUBMIT DATE 8/13/2021	Name or number of rule(s): Regulations Governing Licensure of Occupational Therapists and Occupational Therapy Assistants	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amend Rule 8.1.3 to add a definition. Add new Rule 8.1.4 Requirements to Perform Dry Needling. Relabel Rule 8.1.4 Publication to Rule 8.1.5 Publication. Add new rule 8.4.7 to comply with the new Universal Recognition of Occupational Licenses Act of 2021. Relabel Rule 8.4.7 Abandonment to Rule 8.4.8 Abandonment

List all rules repealed, amended, or suspended by the proposed rule: Rule 8.1.3, Rule 8.1.4, Rule 8.1.5, Rule 8.4.7, and Rule 8.4.8

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 09/13/2021 Time: 10:45 a.m. Place: ZOOM Teleconference link below

https://us02web.zoom.us/j/85362433005?pwd=VW96MmVGWkZvR3JFRVF6dkROMi9ZZz09

☐ 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
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** X___ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** X___ 30 days after filing _____ Other (specify): _____	**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: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: Docu Signed by: Jim Craig

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED AUG 13 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 25789 PDM	**Accepted for filing by**

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