

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig, Senior Deputy, Director of Health Protection		TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson		STATE MS	ZIP 39215-1700
EMAIL <u>Cassandra.Walter@msdh.ms.gov</u>	SUBMIT DATE <u>10-14-21</u>	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List all rules repealed, amended, or suspended by the proposed rule: Rule 8.1.3, Rule 8.1.4, Rule 8.1.5, Rule 8.4.7, and Rule 8.4.8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: _____ Time: _____ Place: _____ W

☐ 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: <u>8-13-2021</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): _____
--	--	---

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: Jim Craig

OFFICIAL FILING STAMP Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP Accepted for filing by _____	OFFICIAL FILING STAMP FILED OCT 14 2021 MISS: J.P. SECRETARY OF STATE Accepted for filing by <u>25908 pjm</u>
---	--	--

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