

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Dental Examiners		CONTACT PERSON Chris L. Hutchinson		TELEPHONE NUMBER 601-944-9622	
ADDRESS Suite 100, 600 East Amite Street		CITY Jackson		STATE MS	ZIP 39201 -2801
EMAIL executivedirector@dentalboard.ms.gov	SUBMIT DATE: 02/09/2022	Name or number of rule(s): 30 Miss. Admin. Code Pt. 2301, R. 1.13 (2) (H) 30 Miss. Admin. Code Pt. 2301, R. 1.37			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment to Regulation 13 as approved in 01/14/2022 Board Meeting. The amendment provides for conditional administration of local anesthesia by dental hygienists. The amendment to Regulation 37 reflects the fees identified in Regulation 13.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 73-9-13, 17

List all rules repealed, amended, or suspended by the proposed rule:

30 Miss. Admin. Code Pt. 2301, R. 1.13 (2) (H); 30 Miss. Admin. Code Pt. 2301, R. 1.37

ORAL PROCEEDING:

An oral proceeding was held for this rule on _____ Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

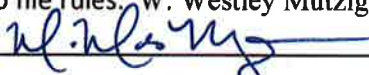
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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
☐ Original filing ☐ Renewal of effectiveness To be in effect in _____ days Effective date: ☐ Immediately upon filing ☐ Other (specify): _____	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): _____	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: W. Westley Mutziger, Senior Attorney

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by 	Accepted for filing by _____

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