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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Dental Examiners	Chris L. Hutchinson	601-944-9622	
ADDRESS	**CITY**	**STATE**	**ZIP**
Suite 100, 600 East Amite Street	Jackson	MS	39201 -2801
EMAIL	**SUBMIT DATE:**	**Name or number of rule(s):**	
executivedirector@dentalboard.ms.gov	05/03/2022	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List all rules repealed, amended, or suspended by the proposed rule: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: _____

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:**
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	__X__ 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
	__X__ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**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: W. Westley Mutziger

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED MAY 03 2022 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 26314	**Accepted for filing by**

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