SOS APA Form 001

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, Mississippi Department of Health	601-576-7847	
ADDRESS		CITY	STATE	ZIP
PO Box 1700		Jackson	MS	39215-1700
EMAIL	SUBMIT DATE	Name or number of rule(s): Regulations Governing Registration of Medical Radiation Technologists		
christin.williams@msdh.ms.gov	6/27/23			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Adding Rule 7.1.2(14) to define the term of nuclear medicine in compliance with House Bill 259 of the 2023 Regular Session. Revise Rule 7.1.2(8) to change the definition of nuclear medicine technologist to align with House Bill 259 of the 2023 Regular Session. Revise Rules 7.2.1, 7.3.5, 7.3.6, 7.4.2, and 7.4.2(1) for clarity and updated procedures.

Specific legal authority authorizing the promulgation of rule: 41-58-7

List all rules repealed, amended, or suspended by the proposed rule: Rule 7.1.2(14), 7.1.2(1), 7.2.1, 7.35, 7.3.6, 7.4.2, and 7.4.2(1)

ORAL PROCEEDING:

☒

Join from PC, Mac, Linux, iOS or Android:

☐ 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

FINAL ACTION ON RULES

Date Proposed Rule Filed:
5/2/23
Action taken:
x Adopted with no changes in text
_____Adopted with changes
_____Adopted by reference
_____Withdrawn
_____Repeal adopted as proposed
Effective date:
x 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

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FILED
JUN 27 2023
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by
27033 BLS

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