

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Chiropractic Examiners		CONTACT PERSON Catherine Bell		TELEPHONE NUMBER 6013594592	
ADDRESS PO Box 220		CITY Jackson		STATE MS	ZIP 39205
EMAIL Catherine.bell@ago.ms.gov	SUBMIT DATE 6/5/2024	Name or number of rule(s): Chapters 1-23 (all)			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Corrections, Clarifications, Reorganization of the rules, clarity on requirements & procedures for licensure and CE, compliance with laws, creation of retired and inactive status license, CE attendance changes to permit some virtual, clarity of discipline process, Objective standard for chiropractic/vet relationship, more complete program for chiropractic assistants and claims examiners.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann § 73-6-5

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2001, Chapters 1-23 (all)

ORAL PROCEEDING:

☐ An oral proceeding is scheduled 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:

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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ X _____ Amendment to existing rule(s) _____ X _____ 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: Catherine Bell, counsel for MS State Board of Chiropractic Examiners

Signature of person authorized to file rules: Catherine Bell

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 JUN 05 2024 MISSISSIPPI SECRETARY OF STATE Accepted for filing by <u>27520 J34</u>	Accepted for filing by

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