Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
MS State Board of Chiropractic Examiners		Catherine Bell	6013594592	
ADDRESS		CITY	STATE	ZIP
PO Box 220		Jackson	MS	39205
EMAIL	SUBMIT DATE	Name or number of rule(s): Chapters 1-23 (all)		
Catherine.bell@ago.ms.gov	7/16/2024			

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List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2001, Chapters 1-23 (all)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: 9/19/2024 Time: 8:00 AM Place: Home2Suites, 105 Hospitality Dr., Flowood, MS 39232

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:	__X__ 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: Catherine Bell, counsel for MS State Board of Chiropractic Examiners

Signature of person authorized to file rules: ___/s/ __Catherine Bell _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUL 18 2024 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 27601 MC	**Accepted for filing by**