

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME <b>Board of Medical Licensure</b>		CONTACT PERSON <b>Rhonda Freeman</b>	TELEPHONE NUMBER <b>(601) 987-0223</b>	
ADDRESS <b>1867 Crane Ridge Drive, Suite 200-B</b>		CITY <b>Jackson</b>	STATE <b>MS</b>	ZIP <b>39216</b>
EMAIL <b>rhonda@msbml.ms.gov</b>	SUBMIT DATE <b>03/25/2011</b>	Name or number of rule(s): <b>30.II.25.200 &amp; 30.II.25.1400 - Regulations Pertaining to Prescribing, Administering and Dispensing of Medications</b>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: \_\_\_\_\_

This is an amendment to the current regulation which defines and establishes regulations to operate pain management clinics.

Specific legal authority authorizing the promulgation of rule: **73-43-11**

List all rules repealed, amended, or suspended by the proposed rule: **30.II.25**

**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.

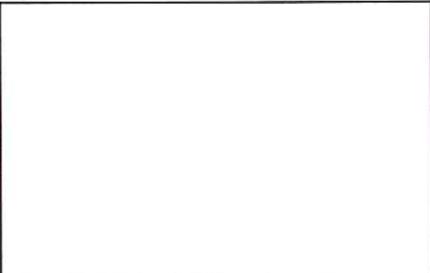
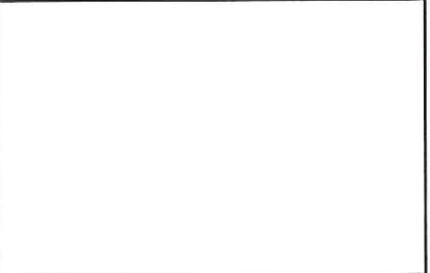
**ECONOMIC IMPACT STATEMENT:**

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 on _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed date of adoption:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Action taken:</b> _____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

<b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	<b>OFFICIAL FILING STAMP</b>  Accepted for filing by <u>CB-E 17674</u>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.