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 | |
|---|---|---|---|
| Board of Medical Licensure | Rhonda Freeman | (601) 987-0223 | |
| ADDRESS | CITY | STATE | ZIP |
| 1867 Crane Ridge Drive, Suite 200-B | Jackson | MS | 39216 |
| EMAIL / SUBMIT DATE | Name or number of rule(s): | | |
| rhonda@msbml.ms.gov / 03/25/2011 | 30.II.09.400 - Collaboration/Consultation with Nurse Practitioners | | |

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

This is an amendment to a current rule which will allow APRNS the ability to continue to practice for a limited time if their collaborative physician is unable to continue in the collaborative relationship due to unforeseen circumstances. The Medical Board will assist the APRN in acquiring physician coverage.

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

List all rules repealed, amended, or suspended by the proposed rule: 30.II.09

### 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 | **Action proposed:** | **Action taken:** |
| _____ Renewal of effectiveness | _____ New rule(s) | _____ Adopted with no changes in text |
| To be in effect in _____ days | ✓ Amendment to existing rule(s) | _____ Adopted with changes |
| Effective date: | _____ Repeal of existing rule(s) | _____ Adopted by reference |
| _____ Immediately on | _____ Adoption by reference | _____ Withdrawn |
| _____ Other (specify): _____ | **Proposed date of adoption:** | _____ Repeal adopted as proposed |
| | ✓ 30 days after filing | **Effective date:** |
| | _____ Other (specify): _____ | _____ 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

| OFFICIAL FILING STAMP | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
|---|---|---|
| | FILED<br>MAR 25 2011<br>MISSISSIPPI<br>SECRETARY OF STATE | |
| Accepted for filing by | Accepted for filing by CB-E 17676 | Accepted for filing by |

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