

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 East Woodrow Wilson		CITY Jackson	STATE MS	ZIP 39216
EMAIL Bob.Fagan@msdh.state.ms.us	SUBMIT DATE 9-26-12	Name or number of rule(s): Regulations Governing Licensure of Professional Art Therapists, Regulations Governing the Registration of Medical Radiation Technologists, and Regulations Governing the Licensure of Respiratory Care Practitioners		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendments to Regulations Governing Professional Art Therapists and Regulations Governing Licensure of Respiratory Care Practitioners to come into compliance with statute amendments passed during the 2012 MS Legislative session and technical amendments. Amendments to Regulations Governing Registration of Medical Radiation Technologists to come into compliance with statute amendments passed during the 2010 MS Legislative session and technical amendments. This filing is being done to correct a clerical error regarding the time for the oral proceeding. In the original 001 form, it was noted that the oral proceeding would take place at 12:00 a.m.; however, the oral proceeding will occur at 12:00 p.m.

Specific legal authority authorizing the promulgation of rule: §73-65-1, §41-58-3, and §73-57-13

List all rules repealed, amended, or suspended by the proposed rule: PAT Rule 2.1.3, Rule 2.4.1, Rule 2.4.3, Rule 2.4.4, and Rule 2.4.5, RCP Rule 9.1.3, Rule 9.2.2, Rule 9.4.1, Rule 9.4.2; Rule 94.3, Rule 9.5.2, Rule 9.6.1, Rule 9.6.2, Rule 9.7.5, Rule 9.8.4, Rule 9.9.1, Rule 9.10.1, Rule 9.10.2, MRT Rule 7.1.2, Rule 7.2.1, Rule 7.3.1, Rule 7.3.6, Rule 7.4.2, Rule 7.5.3, Rule 7.6.1, and Rule 7.9.1

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: October 26, 2012 Time: 12:00 p.m. Place: Osborne Auditorium/MSDH Campus

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	 Accepted for filing by <u><i>[Signature]</i></u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

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