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	
MS Board of Pharmacy	Alecia Wasson	601-899-8880	
ADDRESS: 6360 I-55 North Suite 400	CITY: Jackson	STATE: MS	ZIP: 39211
EMAIL: awasson@mbp.ms.gov	SUBMIT DATE: 12-3-13	Name or number of rule(s): MS Board of Pharmacy Regulations	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rescind ArticleXXXVIII Paragraph 1-D to require any out of state Medical Equipment Suppliers to have An in-state permitted location.

Specific legal authority authorizing the promulgation of rule: MS Code 1972 Section 23-71-81

List all rules repealed, amended, or suspended by the proposed rule: Article XXXVIII, Paragraph 1-D

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
X 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
X Immediately on	____ Adoption by reference	____ Withdrawn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: Frank Gammill

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
FILED DEC 03 2013 MISSISSIPPI SECRETARY OF STATE		
Accepted for filing by #20198	Accepted for filing by	Accepted for filing by

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