

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Board of Pharmacy		CONTACT PERSON Alecia Wasson	TELEPHONE NUMBER 601-899-8880	
ADDRESS 6360 I-55 North Suite 400		CITY Jackson	STATE MS	ZIP 39211
EMAIL awasson@mbp.ms.gov	SUBMIT DATE 04/15/14	Name or number of rule(s): Title 30 Part 3001 MS Board of Pharmacy Practice Regulations amendment to Article VI Practice of Pharmacy		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment to Article VI. Rename Practice of Pharmacy, 1.-E Addition of Pharmacy Advisory Services, 2.-B. (1) Institutional I Out Patient Surgery Facilities to institutional I, 2.-E Addition of Pharmacy Advisory Services Permit, 2.-F- Addition of Sterile Product Outsourcers Permit, Insert paragraph 4. Establish fees for Pharmacy Advisory Permit and renumber the established paragraphs following.
 Specific legal authority authorizing the promulgation of rule: MS Code of 1972 73-21-81

List all rules repealed, amended, or suspended by the proposed rule: Amendment to Article VI. Rename Practice of Pharmacy, 1.-E Addition of Pharmacy Advisory Services, 2.-B. (1) Institutional I Out Patient Surgery Facilities to institutional I, 2.-E Addition of Pharmacy Advisory Services Permit, 2.-F- Addition of Sterile Product Outsourcers Permit, Insert paragraph 4. Establish fees for Pharmacy Advisory Permit and renumber the established paragraphs following.

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 upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): July 1, 2014	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Frank Gammon, Executive Director
 Signature of person authorized to file rules: *Frank Gammon*

OFFICIAL FILING STAMP _____ Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by #20449 <i>[Signature]</i>	OFFICIAL FILING STAMP _____ Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.