

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Christina "Kris" Adcock	TELEPHONE NUMBER 601-206-1540
ADDRESS 570 East Woodrow Wilson Drive		CITY Jackson	STATE MS
EMAIL Christina.Adcock@msdh.ms.gov		SUBMIT DATE 11/17/23	ZIP 39216
		Name or number of rule(s): Title 15: MSDH Part 22: Medical Cannabis Program Subparts 1-11	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revisions to incorporate legislative changes and address ongoing program maturity.

Specific legal authority authorizing the promulgation of rule: Miss. Code. Ann. Sections 41-137-1, et seq.

List all rules repealed, amended, or suspended by the proposed rule: 15 Miss. Admin. Code Pt. 22, Subparts 1-8

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: Time: Place:

Presently, an oral proceeding is not scheduled on this rule. The proposed revisions were posted for public comment between September 15, 2023 and October 2, 2023 at the following link:

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mmcp.ms.gov%2Fcompliance%2Fregulations&data=05%7CO1%7CLauraGoodson%40msdh.ms.gov%7C7940c4db16b4db0bae808dbb5626704%7F55904_2dc8bf04d869_fc0fbf4c7503c79%7C0%7CO%7C638303_206475596554%7CUnknown%7CTWFpbGZsb3d8evJW1101MC4wliAwMDA1LOQlOiV21uMzliL0BTil61klhaWw1LOXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Uh8mt%2B18xvlwRnllzan7A786dRxbsoPhEKawaKC%2FihU%3D&reserved=0

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: Christina Adcock, MSDH Deputy Director

Signature of person authorized to file rules: *Christina A. Adcock, MSDH Deputy Dir*

OFFICIAL FILING STAMP Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by <i>27247 BZ</i>	OFFICIAL FILING STAMP Accepted for filing by
---	--	---