**Mississippi Secretary of State**
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

| AGENCY NAME | | CONTACT PERSON | TELEPHONE NUMBER | |
|---|---|---|---|---|
| MS State Department of Health | | Jim Craig | 601-576-7847 | |
| ADDRESS | | CITY | STATE | ZIP |
| PO Box 1700 | | Jackson | MS | 39215-1700 |
| EMAIL | SUBMIT DATE | Name or number of rule(s): | | |
| ingrid.williams@msdh.ms.gov | 3/11/202 0 | Mississippi Administrative Code, Title 15, Part VIII, Subpart 90 – FY 2020 Mississippi State Health Plan | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is to update the Mississippi State Health Plan for FY 2020. Updates include substantive changes to Chapter 5 and formatting changes.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. 41-7-185(g)
List all rules repealed, amended, or suspended by the proposed rule: Rule(s): FY 2018 Mississippi State Health Plan, Miss. Admin. Code Title 15, Part VIII, Subpart 90

**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:**

x 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:** | **Date Proposed Rule Filed:** |
| _____ Renewal of effectiveness | _____ New rule(s) | **Action taken:** |
| To be in effect in _____ days | __X__ Amendment to existing rule(s) | _____ Adopted with no changes in text |
| Effective date: | _____ Repeal of existing rule(s) | Adopted with changes |
| _____ Immediately upon filing | _____ Adoption by reference | _____ Adopted by reference |
| _____ Other (specify): _____ | **Proposed final effective date:** | _____ Withdrawn |
| | __X__ 30 days after filing | _____ Repeal adopted as proposed |
| | Other (specify): | **Effective date:** |
| | | 30 days after filing |
| | | _____ Other (specify): _____ |

Printed name and Title of person authorized to file rules: Thomas Dobbs, MD, MPH, State Health Officer

Signature of person authorized to file rules:

| OFFICIAL FILING STAMP | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
|---|---|---|
| Accepted for filing by | FILED<br>MAR 1 1 2020<br>MISSISSIPPI<br>SECRETARY OF STATE<br>Accepted for filing by<br>#24780 | Accepted for filing by |

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