

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Cassandra.walter@msdh.ms.gov	SUBMIT DATE 7/9/2020	Name or number of rule(s): Minimum Standards of Operation for Birthing Centers		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New regulation set for Birthing Centers.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-77-11

List all rules repealed, amended, or suspended by the proposed rule: Rule(s): Old Chapter 43 of these rules is repealed , replaced by New Chapter 43

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on

Date: August3, ,2020 Time: 10:30 a.m.

Place: Topic: ORAL PROCEEDINGS

Time: Aug 3, 2020 10:30 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android:

<https://zoom.us/j/92254916686?pwd=ZnROc0MzTVNXN1ZpSUFxREVnWlpldz09>

Password: 804649

Or Telephone:

Dial:

USA 713 353 0212

USA 8888227517 (US Toll Free)

Conference code: 540839

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.

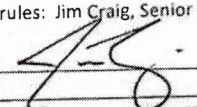
ECONOMIC IMPACT STATEMENT:

☒ 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) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☒ 30 days after filing ☐ Other (specify): _____	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: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP

Accepted for filing by

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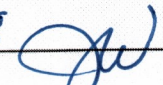
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.