SOS APA Form 001

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):		
Cassandra.walter@msdh.ms.gov	July 10, 2020	Mississippi Administrative Code, Title 15, Part IX, Subpart 99 Mississippi State Rural Health Plan		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Office of Health Policy and Planning is proposing a new rule. This new rule outlines the authority, guidelines and process for developing and updating the MS Rural Health Plan.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-3-15

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

x An oral proceeding is scheduled for this rule on Time: Aug 5, 2020 10:30 AM Central Time (US and Canada)Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/96221451367?pwd=S2lOT2pMNDlxR2xPUC9vZUFtd2VWZz09

Password: 804960
Or Telephone:
Dial:
USA 713 353 0212
USA 8888227517 (US Toll Free)
Conference code: 540839

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	_X_ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ 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_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn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: Jim Craig, Senior Deputy and Director of Health Protection Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUL 10 2020 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #24979	**Accepted for filing by**