

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 July 10, 2020	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: None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:

☒ 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=S2IOT2pMNDIxR2xPUC9vZUFtd2VWZz09>

Password: 804960

Or Telephone:

Dial:

USA 713 353 0212

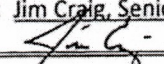
USA 8888227517 (US Toll Free)

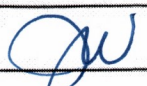
Conference code: 540839

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Rule Filed: ____ Action taken: ☐ Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed Effective date: ☐ 30 days after filing ☐ Other (specify): ____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 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
Accepted for filing by	 Accepted for filing by #24979 	Accepted for filing by