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	9-17-2020	Mississippi Administrative Code, Title 15, Part IX, Subpart 96 Mississippi Conrad State 30 J-1 Visa Waiver Guidelines	

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, process and guidelines for J-1 Visa waiver requests for Mississippi.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-3-17

List all rules repealed, amended, or suspended by the proposed rule: None

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:

Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

_____ Original filing
_____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
_____ Immediately upon filing
_____ Other (specify): _____

PROPOSED ACTION ON RULES

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): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 7-10-2020
Action taken:
_X_ Adopted with no changes in text
_____ Adopted with changes
_____ Adopted by reference
_____ Withdrawn
_____ Repeal adopted as proposed
Effective date:
_X_ 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: Jim Craig

OFFICIAL FILING STAMP

Accepted for filing by

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FILED
SEP 17 2020
MISSISSIPPI
SECRETARY OF STATE

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#25120 JW