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	02/12/21	Title 15 Part 16 Subpart 1 Chapter 6 Health Facilities Licensure and Certification Minimum Standards of Operation Relative to the Practice of Telemedicine		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Minimum Standards of Operation Relative to the Practice of Telemedicine

List all rules repealed, amended, or suspended by the proposed rule: Title 15 Part 16 Subpart 1 Chapter 6

ORAL PROCEEDING:

__An oral proceeding is scheduled for this rule on:

Topic: Telehealth zoom meeting

Time: Mar 15, 2021 10:30 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: https://us02web.zoom.us/j/89112045499?pwd=aGhpOVl0RXZoZkJlQ1JiclhrcjlGUT09

Password: 485733

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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** __X__ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** __X__ 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
	FILED FEB 12 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #25359	**Accepted for filing by**