

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 02/12/21	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: Title 15 Part 16 Subpart 1 Chapter 6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=aGhpOVl0RXZoZkIjQ1JiclhrcjIGUT09>

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.

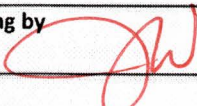
ECONOMIC IMPACT STATEMENT:

☒ 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 <u>#25359</u> 	Accepted for filing by _____