

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 East Woodrow Wilson		CITY Jackson	STATE MS	ZIP 39205
EMAIL medicalmarijuana@msdh.ms.gov	SUBMIT DATE 5/18/2021	Name or number of rule(s): Title 15 Mississippi State Department of Health Part 22: Medical Marijuana Program; Subpart 6: Reciprocity with Other States for Qualified Patients		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Mississippi Constitution

Initiative Measure No. 65 was overturned by the Mississippi Supreme Court with the ruling issued on May 14, 2021

Specific legal authority authorizing the promulgation of rule: Mississippi Constitution Initiative Measure No. 65

List all rules repealed, amended, or suspended by the proposed rule: Mississippi Constitution Initiative Measure No. 65

ORAL PROCEEDING:

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: Not required for this rule.

☐ 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: _____ days after filing _____ Other (specify): _____	Date Proposed Rule Filed: 5/7/2021 Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference ☒ Withdrawn System #25551 _____ Repeal adopted as proposed Effective date: _____ 30 days after filing ☒ Other (specify): <u>immediately</u>

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: Jim Craig

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	 Accepted for filing by <u>#25576</u> <u>[Signature]</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.