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	4-8-22	Title 15: Mississippi State Department of Health; Part 22: Medical Cannabis Program; Subpart 4: Work Permits		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New rules and regulations developed to ensure the availability of and safe access to medical cannabis for qualified persons with debilitating conditions.

Specific legal authority authorizing the promulgation of rule: Mississippi Medical Cannabis Act, S.B. 2095, Mississippi Legislature Regular Session, Section 4(1) and (3)

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

_An oral proceeding is scheduled for this rule on Date: Time: . Place:

_ Presently, an oral proceeding is not scheduled on this rule.

There will not be an oral proceeding on these regulations. Public comments will be received at https://app.smartsheet.com/b/form/1fe055f343064472bbb2771c6676483f on these rules and regulations until 12:59 p.m. on April 15, 2022.

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	**Action proposed:**	**Date Proposed Rule Filed:**
_____ Renewal of effectiveness	X New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	X Other (specify): April 21, 2022	**Effective date:**
		_____ 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: Craig, Jim E6EAC2B89F2549C...

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED APR 08 2022 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 26239 PDM	**Accepted for filing by**