

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 4-8-22	Name or number of rule(s): Title 15: Mississippi State Department of Health; Part 22: Medical Cannabis Program; Subpart 3: Advertising and Marketing		

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List all rules repealed, amended, or suspended by the proposed rule: N/A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 ☐ 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): April 21, 2022	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Proposed Rule Filed: Action taken: ☐ Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed Effective date: ☐ 30 days after filing ☐ Other (specify): ____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, Director of Health Protection

Signature of person authorized to file rules:

Craig, Jim
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OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <i>26240 Pom</i>	Accepted for filing by