

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 5- 12-22	Name or number of rule(s): Title 15: Mississippi State Department of Health; Part 22: Medical Cannabis Program; Subpart 1: Cannabis Testing Facilities		

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) (3) and Section 21.

List all rules repealed, amended, or suspended by the proposed rule: N/A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

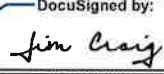
ECONOMIC IMPACT STATEMENT:

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
<u> </u> Original filing <u> </u> Renewal of effectiveness To be in effect in <u> </u> days Effective date: <u> </u> Immediately upon filing <u> </u> Other (specify): <u> </u>	Action proposed: <u> </u> New rule(s) <u> </u> Amendment to existing rule(s) <u> </u> Repeal of existing rule(s) <u> </u> Adoption by reference Proposed final effective date: <u> </u> 30 days after filing <u> </u> Other (specify): <u> </u>	Date Proposed Rule Filed: 4-8-22 Action taken: <u> </u> Adopted with no changes in text X <u> </u> Adopted with changes <u> </u> Adopted by reference <u> </u> Withdrawn <u> </u> Repeal adopted as proposed Effective date: <u> </u> 30 days after filing X <u> </u> Other (specify): <u>May 12, 2022</u>

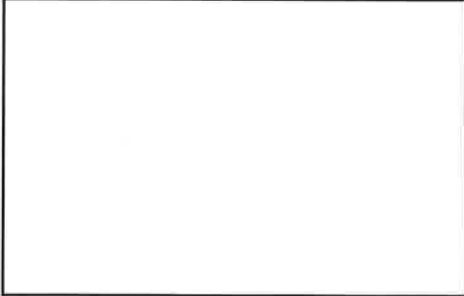
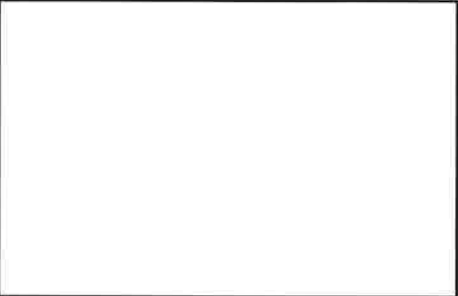
Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Director of Health

Protection

Signature of person authorized to file rules: 

DocuSigned by:

E6EAC2B89F2549C...

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>26327 Pom</u>