

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 May 25, 2022	Name or number of rule(s): Title 15: Mississippi State Department of Health; Part 22: Medical Cannabis Program; Subpart 7: Cannabis Transportation Entities		

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) and Section 21.

List all rules repealed, amended, or suspended by the proposed rule: Chapter 1 (Rule 7.1.1 – 7.12.1)

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/b172131b34bf42a6b8ff43a14a221df1> on these rules and regulations until 12:59 p.m. on May 20, 2022.

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
_____ 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: 5-16-22 Action taken: _____ Adopted with no changes in text X _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing X _____ Other (specify): May 25, 2022

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:

Jim Craig

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OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAY 25 2022 Mississippi Secretary of State
Accepted for filing by	Accepted for filing by	Accepted for filing by <i>20346 AFT</i>