Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Jim Craig	607-576-7847	
ADDRESS		CITY	STATE	ZIP
P.O. Box 1700		Jackson	MS	39215-1700
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Jim.Craig@msdh.ms.gov	5-3-23	Title 15: Mississippi State Department of Health; Part 22: Medical Cannabis Program; Subpart 2: Program Registry and Registry Identification Cards		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revisions to Regulations governing the Mississippi Medical Cannabis Program 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, Miss Code Section 41-137-1, et seq.

List all rules repealed, amended, or suspended by the proposed rule: Chapter 1 (Rules 2.1.1 – 2.11.8)

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule. Public comments on these regulations will be received until 12:00 p.m., December 23, 2022, at https://app.smartsheet.com/b/form/157169a501ba41bea696900b3a012ba4.

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:

☒ 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	_____ 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)	__X__ 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
	_____ Other (specify): _____	**Effective date:**
		_____ 30 days after filing
		__X__ Other (specify): Upon Filing

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: Jim Craig

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAY 03 2023 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 210932

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