

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 P.O. Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Christin.williams@msdh.ms.gov	SUBMIT DATE 5/4/2023	Name or number of rule(s): Mississippi Administrative Code, Title 15, Part IX, Subpart 97 – Mississippi Qualified Health Center		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Office of Health Policy and Planning is proposing an amendment to the guidelines for the Mississippi Qualified Health Center Grant Program to allow Mississippi Qualified Health Centers to receive no more than \$200,000 in funding.

Specific legal authority authorizing the promulgation of rule: Senate Bill 584, 2023 Regular Legislative Session

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

Time: Jun 12, 2023 02:00 PM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/83459772152>

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.

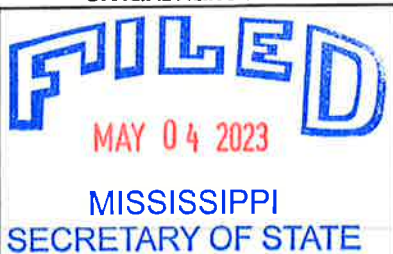
ECONOMIC IMPACT STATEMENT:

☐ 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 ☐ 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): <u>July 1, 2023</u>	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: Jim Craig

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	 Accepted for filing by <u>26939 [Signature]</u>	Accepted for filing by _____

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