SOS APA Form 001

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health	Jim Craig	601.576.8006	
ADDRESS	**CITY**	**STATE**	**ZIP**
P.O. Box 1700	Jackson	MS	39215
EMAIL	**SUBMIT DATE**	Name or number of rule(s): Title 15; Part 23; Subpart 1: State Victim Services Grant Program	
jim.craig@msdh.ms.gov	5-10-23		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New Regulations to comply with H.B. 1626, of the 2023 Regular Session – Requires that funds appropriated are to be allocated for the purpose of providing reimbursements grants from the Office Against Interpersonal Violence.

Specific legal authority authorizing the promulgation of rule: 41-3-15

List all rules repealed, amended, or suspended by the proposed rule: N/A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: 06/12/23 Time: 9:30 AM

http://us06web.zoom.us/j/81723924281

☐ Presently, an oral proceeding is not scheduled on this rule.

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. X ☐ 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	X 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)	_____ 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
	_X_ Other (specify): 7/1/2023	**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
	FILED MAY 10 2023 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 210943 KBA	**Accepted for filing by**