SOS APA Form 001

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS State Department of Health	Christina "Kris" Adcock	601-576-7634	
ADDRESS	**CITY**	**STATE**	**ZIP**
PO Box 1700	Jackson	MS	39215-1700
EMAIL	**SUBMIT DATE**	**Name or number of rule(s):**	
Christina.adcock@msdh.ms.gov	8/11/23	Title 15, Part 2, Subpart 11, Subchapter 19: Mississippi Healthcare Data Registry System	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amend regulations to reflect name of new system as Mississippi Healthcare Data Registry System, update reporting requirements and procedures.

Specific legal authority authorizing the promulgation of rule: Mississippi Code Annotated § 41-3-17

List all rules repealed, amended, or suspended by the proposed rule: Chapter 1, Subchapter 19 (Rules 1.19.1 and 1.19.3)

ORAL PROCEEDING:

Time: Sep 11, 2023 11:30 AM Central Time (US and Canada)
Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/84717987172

__ 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. ☐ 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	X_____ 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
	X_____ 30 days after filing	_____ Repeal adopted as proposed
	____ Other (specify):	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Christina "Kris" Adcock, Senior Deputy

Signature of person authorized to file rules: Kris Adcock

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED AUG 11 2023 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 27107 BH	**Accepted for filing by**