

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Kris Adcock	TELEPHONE NUMBER 601-576-7634	
ADDRESS 570 East Woodrow Wilson		CITY Jackson	STATE MS	ZIP 39216
EMAIL christina.adcock@msdh.ms.gov	SUBMIT DATE 5/3/24	Name or number of rule(s): Title 15, Part 4, Subpart 1 Bureau of Genetics		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Simplifying the explanation of fees associated with the program.

Specific legal authority authorizing the promulgation of rule: 41-21-201

List all rules repealed, amended, or suspended by the proposed rule: This proposed revision amends Rule 1.3.2

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 03/28/2024 Time: 10:00 AM Place: ZOOM

☐ 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 _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	PROPOSED ACTION ON RULES 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): _____	FINAL ACTION ON RULES Date Proposed Rule Filed: <u>03/08/2024</u> Action taken: ☒ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: ☒ 30 days after filing _____ Other (specify): _____
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Printed name and Title of person authorized to file rules: Christina "Kris" Adcock, Senior Deputy

Signature of person authorized to file rules: Christina Adcock

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by	Accepted for filing by	Accepted for filing by <u>27479 130</u>

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