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SOS APA Form 001

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Health		Kris Adcock	601-576-7847	
ADDRESS		CITY	STATE	ZIP
POB 1700		Jackson	MS	39215
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Chrisitna.adcock@msdh.ms.gov	10/7/24	Title 15: Mississippi State Department of Health Part 19: Bureau of Professional Licensure Subpart 60: Professional Licensure Chapter 13: Regulation Governing the Certification of Community Health Workers		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Mississippi Code of 1972, as amended, establishes the Mississippi State Department of Health as the lead agency to establish and maintain regulations governing the certification of community health workers. The Board is authorized to promulgate and enforce such rules, regulations, and minimum standards to carry out these provisions.

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

List all rules repealed, amended, or suspended by the proposed rule: Rule 13.1.1, Rule 13.1.2, Rule 13.1.3, Rule 13.1.4, Rule 13.2.1, Rule 13.2.2, Rule 13.3.1, Rule 13.3.2, Rule 13.4.1, Rule 13.4.2, Rule 13.4.3, Rule 13.5.1, Rule 13.5.2, Rule 13.5.3, Rule 13.6.1, Rule 13.6.2, Rule 13.7.1, Rule 13.7.2, Rule 13.7.3, Rule Subchapter 1, Rule Subchapter 2, Rule Subchapter 3, Rule Subchapter 4, Rule Subchapter 5, Rule Subchapter 6, Rule Subchapter 7

ORAL PROCEEDING:

Time: Oct 28, 2024 10:00 AM Central Time (US and Canada)
Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/87495614899

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:** x New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** __x__ 30 days after filing _____ Other (specify): _____	**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: 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 OCT 07 2024 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 2718 MC	**Accepted for filing by**

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