ChriSOS APA Form 001

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Kris Adcock	601-576-7847	
ADDRESS		CITY	STATE	ZIP
PO BOX 1700		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rules(s): Title 15, Part 4, Subpart 1, Chapter 1, Subchapter 1, Rule: 1.1.2, Subchapter 4, Rule 1.3.1-1.3.2		
Kris.Adcock@msdh.ms.gov	9/4/25			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
Adoption of RUSP conditions with applicable rules and regulations within three years. Removal of duplicate text.
Specific legal authority authorizing the promulgation of rules: *Miss. Code § 42-21-201*
List all rules repealed, amended, or suspended by the proposed rule: Rule: 1.1.2,Rule 1.3.1, Rule 1.3.2

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date 9/30, 2025 Time: 11:00 a.m. Zoom https://us06web.zoom.us/j/86708321597

If oral proceedings are 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 people. 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.
Link for public comment form: https://app.smartsheet.com/b/form/daf548425a73409d97f0588d80c167da

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 rules(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: 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 SEP 04 2025 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 28261 KBA	**Accepted for filing by**

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