

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 P.O. Box 1700		CITY Jackson	STATE MS	ZIP 39215
EMAIL Kris.Adcock@msdh.ms.gov	SUBMIT DATE 1/15/2026	Name or number of rule(s): Title 15: Mississippi Department of Health Part IX: Office of Health Policy and Planning Subpart 91: Planning & Resource Development		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Reserving appendices A-E and G-I with the addition of appendix F.

Specific legal authority authorizing the promulgation of rule: *Miss. Code Ann. § 41-7-171*

List all rules repealed, amended, or suspended by the proposed rule: Appendices A-I

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ 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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	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): _____	Date Proposed Rule Filed: 12/05/2025 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 Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP Accepted for filing by	OFFICIAL FILING STAMP FILED JAN 16 2026 MISSISSIPPI SECRETARY OF STATE Accepted for filing by <i>28450 1384</i>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.