

**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 1/21/2026	Name or number of rule(s): Title 15: Mississippi State Department of Health Part 3: Bureau of Acute Care Systems Subpart 4: Obstetrics (OB) System of Care		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: When final action was filed, adopted with changes was not selected. Withdrawing adopted with no changes then resubmitting to adopt with changes for the purpose of implementing the Obstetrics System of Care.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 41-3-15

List all rules repealed, amended, or suspended by the proposed rule: NA-This will be new regulations

**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): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed: 11/19/25</b> <b>Action taken: 28449</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference X _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing X _____ Other (specify): asap

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
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>FILED</b>  <b>JAN 21 2026</b>  <b>MISSISSIPPI</b>  <b>SECRETARY OF STATE</b> </div> Accepted for filing by <u>20459 JBL</u>

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