

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
EMAIL Kris.Adcock@msdh.ms.gov	SUBMIT DATE 1/23/2026	ZIP 39215
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: 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List all rules repealed, amended, or suspended by the proposed rule: NA-This will be new regulations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 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Rule Filed: 11/19/2025 Action taken: Adopted with no changes in text X Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X 30 days after filing Other (specify): _____
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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  Accepted for filing by <i>29472 Bld</i>	OFFICIAL FILING STAMP Accepted for filing by _____
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.