

Mississippi Secretary of State

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601.576.8066	
ADDRESS P.O. Box 1700		CITY Jackson	STATE MS	ZIP 39215
EMAIL Christin.Williams@msdh.ms.gov	SUBMIT DATE 05/15/2023	Name or number of rule(s): <b>Title 15; Part 16; Subpart 1; Chapter 84</b> Minimum Standards of Operation for County Health Departments		

The purpose of these minimum standards is to protect and promote the public welfare by providing for the development, establishment, maintenance, and operation of “county health departments and county health department buildings” which will ensure safe, sanitary, and nationally recognized best practice standards for public health clinic services for Mississippians.

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

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Jun 12, 2023 01:30 PM Central Time  
Join online at: <https://us06web.zoom.us/j/86762611316>

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	<b>Action proposed:</b> <input checked="" type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference <b>Proposed final effective date:</b> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed <b>Effective date:</b> <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: \_\_\_\_\_

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.