

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL christin.williams@msdh.ms.gov	SUBMIT DATE 2/9/2023	Name or number of rule(s): Title 15; Part 5: Subpart 85: Public Health Statistics; Chapters 2 and 6		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Chapters 2 and 6 were updated to remove and/or replace old rule numbers and references, remove redundancies, and modify formatting for consistency. Some changes were made to comport with statutory language and actual practice. Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§41-57-1; 41-3-15; 41-3-17

List all rules repealed, amended, or suspended by the proposed rule:

Title 15; Subpart 85: Public Health Statistics; Chap. 2 and 6- See Summary List.

ORAL PROCEEDING:

Time: **Mar 13, 2023 10:00 AM Central**

Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/82973333499>

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): ____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): ____	Date Proposed Rule Filed: Action taken: <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 Withdrawn 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 Effective date: <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: _____/s/_____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; width: 100%; height: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> Accepted for filing by

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