Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Jim Craig	601-576-7847	
ADDRESS		CITY	STATE	ZIP
P.O. Box 1700		Jackson	MS	39215 -1700
EMAIL Cassandra.Walter@msdh.ms.gov	SUBMIT DATE 12/2/2021	Name or number of rule(s): Mississippi Administrative Code, Title 15, Part IX, Subpart 96 Mississippi Conrad State 30 J-1 Visa Waiver Guidelines		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Office of Health Policy and Planning would like to amend the Mississippi Conrad State 30 J-1 Visa Waiver Guidelines regulations to increase the fee to from \$1,500 to \$2,000. The fees help cover the administrative cost and subsequent services associated with reviewing and processing J-1 Visa applications, providing technical assistance and requesting a J-1 Visa support letter. This amendment would also include combining the site predetermination application and the physician application for the ARC program to expedite the review process.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-3-17

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

oxtimes An oral proceeding is scheduled for this rule on Date: 12/28/2021 Time: 10:00 am (US and Canada) Place: 2OOM

Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/86909789865?pwd=L2o3RGFrV0Y4ZHISOEROdVREWFVEdz09 Password: 793897

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Immediately upon filing	Adoption by reference	Withdrawn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

Printed name and Title of person authorized المعتقد <u>Jim Craig, Senior Deputy, Director of Health Protection</u> Signature of person authorized to file rules fine لا تعني

	DO NOT WRITE BELOW THIS LINE	
OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	Accepted for filing by