

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601.576.8006	
ADDRESS P.O. Box 1700		CITY Jackson	STATE MS	ZIP 39215
EMAIL jim.craig@msdh.ms.gov	SUBMIT DATE 05/10/2023	Name or number of rule(s): Title 15; Part 23; Subpart 1: State Victim Services Grant Program		

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

New Regulations to comply with H.B. 1626, of the 2023 Regular Session – Requires that funds appropriated are to be allocated for the purpose of providing reimbursements grants from the Office Against Interpersonal Violence.

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List all rules repealed, amended, or suspended by the proposed rule: N/A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

Time: Jun 12, 2023 09:30 AM Central Time
Join online: <https://us06web.zoom.us/j/81723924281>

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 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 Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>7/1/2023</u>	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 Withdrawn 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
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.