

Mississippi Secretary of State
 125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

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 May 1, 2023	Name or number of rule(s): Title 15, Part 3, Subpart 5, Chapter 1 Mississippi Hospital Sustainability Grant Program Regulations		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Senate Bill 2372, 2023 Regular Legislative Session created the Mississippi Hospital Sustainability Grant Program. These regulations are developed for the State Department of Health to administer the program.

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

Time: May 22, 2023 10:00 AM Central Time (US and Canada)
 Join online: <https://us06web.zoom.us/j/89451381677>

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Filed: Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

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

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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