## **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		CITY	STATE	ZIP
P.O. Box 1700		Jackson	MS	39215
				-1700
EMAIL	SUBMIT	Name or number of rule(s):		
Cassandra.walter@msdh.ms.gov	DATE 5-31-2022	Title 15; Part 5; Subpart 85: Public Health		
		Statistics; Chapters 1-6		

**Short explanation** of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The entire document was 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 §§41-57-1; 41-57-7; 41-3-15; 41-3-17 List all rules repealed, amended, or suspended by the proposed rule: Title 15; Part 5; Subpart 85: Public Health Statistics; Chap.1-6. Changes were made to all rules **except** Rules 1.1.2; 1.4.5; 2.1.5; 2.1.6; 2.3.2; 2.3.3; 2.3.4; 2.3.5; 2.3.6; 3.2.1; 3.8.2; 3.8.6; 3.8.7; 3.16.1; 4.4.4; 4.10.1; 4.11.2; 4.11.3; and 4.11.4.

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: 6-27-22 Time: 10:00 am Place: ZOOM

Join at: https://us06web.zoom.us/j/82334389003 OR Telephone: 713 353 0212, Conference code: 540839

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 Original filing Renewal of effectiveness	PROPOSED ACTION ON RULES Action proposed: New rule(s)	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken:
To be in effect in days Effective date: Immediately upon filing Other (specify):	X       Amendment to existing rule(s)         Repeal of existing rule(s)         Adoption by reference         Proposed final effective date:         X       30 days after filing         Other (specify):	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, 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
Accepted for filing by	Accepted for filing by	Accepted for filing by

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