

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 601-576-7634	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Christin.williams@msdh.ms.gov	SUBMIT DATE 2/13/23	Name or number of rule(s): Mississippi Administrative Code, Title 15, Part VIII, Subpart 90 – FY 2022 Mississippi State Health Plan		

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

This filing is to update the Mississippi State Health Plan for FY 2022 and implement a Third Edition. Updates include a substantive change to Chapter 7.

Specific legal authority authorizing the promulgation of rule:

Miss. Code Ann. 41-7-185(g)

List all rules repealed, amended, or suspended by the proposed rule:

Rule(s): FY 2022 Mississippi State Health Plan, Miss. Admin. Code Title 15, Part VIII, Subpart 90

ORAL PROCEEDING:

X An oral proceeding is scheduled for this rule on:

March 13, 2023

11:00 a.m.

Place: Zoom

Meeting Link: <https://us06web.zoom.us/j/88976282485>

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 Withdrawn 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

Signature of person authorized to file rules: _____