Mississippi Secretary of State

125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health ADDRESS PO Box 1700		CONTACT PERSON	TELEPHONE NUMBER 601-576-7847		
		Jim Craig			'
		CITY Jackson		STATE MS	ZIP 39215 -1700
EMAIL christin.williams@msdh.ms.gov	SUBMIT DATE 2/9/2023	Name or number of rule(s): Title 15; Part 5: Subpart 85: Public Health Statistics; Chapters 2 and 6			
nort explanation of rule/amer	dment/repeal and	d reason(s) for proposing rule/a	amendment	/repeal:	
hapters 2 and 6 were update	d to remove and/	or replace old rule numbers ar	nd reference	es, remove r	edundancies
nd modify formatting for con	sistency. Some cl	nanges were made to comport	with statut	ory languag	e and actual
ractice. Specific legal authorit	v authorizing the	promulgation of rule: Miss. Co	ode Ann. §§	41-57-1; 41-	3-15; 41-3-1
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st all rules repealed, amended	d, or suspended by	the proposed rule:			
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itle 15; Subpart 85: Public He	alth Statistics; Cha	ap. 2 and 6- See Summary List.			
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Accepted for filing by

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

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