

**NOTICE OF PROPOSED RULE ADOPTION**

**STATE OF MISSISSIPPI  
Mississippi Department of Health  
Office of Primary Care Liaison**

Mississippi Department of Health  
c/o Alvin Harrion  
Office of Primary Care Liaison  
570 E. Woodrow Wilson Blvd.  
P. O. Box 1700  
Jackson, MS 39215-1700  
601-576-7216  
[aharrion@msdh.state.ms.us](mailto:aharrion@msdh.state.ms.us)

**Specific Legal Authority authorizing the promulgation of Rule:**  
rule Section 25-43-1.102 (i)  
**Reference to Rules repealed, amended or suspended by the Proposed Rule :** { Insert citation to specific rule(s) repealed, amended or suspended N/A

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**

To provide sufficient notification to a community regarding the intention of a medical facility to employ a J-1 Visa Waiver Physician through the State 30 J-1 Visa Waiver Program. This notification is proposed to solicit support and/or opposition to the placement of a J-1 Visa physician in a community.

This rule is proposed as a  Final Rule, and/or a  Temporary Rule (Check one or both boxers as applicable.)

**Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.**

**Oral Proceeding:** Check one box below:

An oral proceeding is scheduled on this rule on Date: October 10, 2005 Time: 12:00 Noon

Place: MS Department of Health, Office of Health Policy and Planning, Suite O-150, 570 E. Woodrow Wilson Blvd. Jackson, MS 39215

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least 7 day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

**9** An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) 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 and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

**Economic Impact Statement:** Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or

**9** The concise summary of the economic impact statement required is attached.

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

**Date Rule Proposed:** October 13, 2005

**Proposed Effective Date of Rule:** January 1, 2006

**Signature and Title of Person Submitting Rule for Filing**

Effective Date 07/29/2005