

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
MS State Department of Health

MS State Department of Health
c/o Alvin Harrion
P. O. Box 1700
Jackson, MS 39215-1700
601-576-7216
Telephone Number
aharrion@msdh.state.ms.us
Email Address

Specific Legal Authority Authorizing the promulgation
of Rule: Section 25-43-1.102 (i)

Reference to Rules repealed, amended or suspended by
the Proposed Rule:

N/A

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

To modify the National Interest Waiver letter recommendation policy to include provisions for recommending H1-B foreign-
medical physicians from the Mississippi Department of Health.

This rule is proposed as a [X] 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):

[X] An oral proceeding is scheduled on this rule on Date: January 4, 2007 at Time: 10:00 A.M. at

Location: MS Department of Health, Office of Health Policy and Planning, Suite O-150, 570 East 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 five (5) days 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.

[] 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):

[X] The agency has determined that an economic impact statement is not required for this rule, or
[] 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: December 13, 2006

Proposed Effective Date of Rule: February 5, 2007

Alvin Harrion, Division Director II
Printed Name/Title of Person Submitting Rule for Filing

Signature