SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
State Veterans Affairs Board	Avery Mounger Lee	601-576-4854	
ADDRESS: P.O. Box 5947	CITY: Jackson	STATE: MS	ZIP: 39208
EMAIL: alee@vab.ms.gov / SUBMIT DATE: 12/14/10	Name or number of rule(s): Section 4. Advance Directives		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Removal of Sustenance Policy from the State Veterans Affairs Board Policy to make it consistent with policies on Advance Directives and Dietary Orders.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., Section 35-1-27

List all rules repealed, amended, or suspended by the proposed rule: Sustenance Policy found in Section 4 of State Veterans Affairs Board Policy

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ 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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed date of adoption:** _____ 30 days after filing _____ Other (specify): _____	**Action taken:** X____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** X____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Adrian Grice, Executive Director
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	FILED DEC 14 2010 MISSISSIPPI SECRETARY OF STATE Accepted for filing by 17484 CB

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