

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE <b>APR 04 2025</b>		Name or number of rule(s): Title 23: Medicaid, Part 214: Pharmacy Services, Chapter 1: General Pharmacy, Rule 1.12: Beneficiary Signature.	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This administrative code is being filed to allow pharmacists to use the signature on file for shipped or delivered prescriptions.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-117, 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 1.12

**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
<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 type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <b>JUN 01 2025</b>	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: Cindy H. Bradshaw, Executive Director  
Signature of person authorized to file rules: *Cindy Bradshaw*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div>Accepted for filing by</div>	<div><b>FILED</b> <b>APR 07 2025</b> MISSISSIPPI SECRETARY OF STATE <div>Accepted for filing by <i>27955 BJL</i></div></div>	<div>Accepted for filing by</div>

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