

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 E Woodrow Wilson Ave		CITY Jackson	STATE MS	ZIP 39215
EMAIL Mike.Lucius@msdh.state.ms.us	SUBMIT DATE 8/24/12	Name or number of rule(s): 15-12 Subpart 31 Bureau of Emergency Medical Services		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Allow for Medical Control Plan to define priority for medical guidance during interfacility transfers Remove requirement for prehospital personnel all levels to carry agency issued identification while on duty; expand Scope of Practice of EMT to include pulse oximetry; define medical control.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-59-5

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.2.1; 2.2.2; 2.3.1 2.3.2; 2.4.1; 2.4.2; 2.4.3; 2.4.4; 4.11.1; 6.14.1; 7.18.1; 7.19.1; 6.19.2; 3.5.1; 3.5.3; Appendix I

**ORAL PROCEEDING:**

An oral proceeding is scheduled for this rule on Date: October 26, 2012 Time: 1000 am Place: MSDH Central Campus/Osborne Auditorium/570 E Woodrow Wilson Ave Jackson, MS

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 checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	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: Mike Lucius, Deputy State Health Officer

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Accepted for filing by _____	Accepted for filing by <u>CB19076CD</u>	Accepted for filing by _____