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	
Mississippi State Department of Health		Jim Craig	601-576-7847	
ADDRESS		CITY	STATE	ZIP
P.O. Box 1700		Jackson	MS	39211-1700
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Cassandra.walter@msdh.ms.gov	07/13/2020	15-12 Subpart 31 Emergency Medical Services		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Modify language to reflect National EMS Education Standards, paperless certification processing.

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List all rules repealed, amended, or suspended by the proposed rule: Rule 6.1.1; Rule 6.2.1; Rule 6.2.2; Rule 6.3.1; Rule 6.3.2; Rule 6.4.1; Rule 6.4.2; Rule 6.4.3; Rule 6.4.4; Rule 6.4.8; Rule 6.5.1; Rule 6.6.1; Rule 6.7.1; Rule 6.9.1; Rule 6.9.2; Rule 6.10.2; Rule 6.10.3; Rule 6.10.4; Rule 6.10.5; Subchapter 11; Subchapter 12; Subchapter 13; Subchapter 14, Subchapter 15; Subchapter 16; Subchapter 17; Subchapter 18; Subchapter 19; Rule 7.1.1; Rule 7.2.1; Rule 7.2.2; Rule 7.3.2; Rule 7.4.1; Rule 7.4.2; Rule 7.4.4; Rule 7.5.1; Rule 7.8.3; Rule 7.9.1; Subchapter 10; Subchapter 11; Subchapter 12; Subchapter 13; Subchapter 14; Subchapter 15; Subchapter 16; Subchapter 18;

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

_____ Original filing
_____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
_____ Immediately upon filing
_____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
_____ New rule(s)
_____ Amendment to existing rule(s)
_____ Repeal of existing rule(s)
_____ Adoption by reference
Proposed final effective date:
_____30 days after filing
_____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 2/13/2020
Action taken:
XXXXX Adopted with no changes in text
_____ Adopted with changes
_____ Adopted by reference
_____ Withdrawn
_____ Repeal adopted as proposed
Effective date:
XXXXX 30 days after filing
_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy and Director of Health Protection
Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP

Accepted for filing by

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FILED
JUL 13 2020
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by
#24988

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