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 | 39215-1700 |
| EMAIL | SUBMIT DATE | Name or number of rule(s): | | |
| Cassandra.walter@msdh.ms.gov | 10/19/2020 | 15-12 Subpart 31 Emergency Medical Services | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This document is being filed with good cause in that some content previously filed does not appear in the official record or there are minor technical edits involving the numbering with no change to content.

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List all rules repealed, amended, or suspended by the proposed rule:

ORAL PROCEEDING:

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

_X_ 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 | **Action proposed:** | **Date Proposed Rule Filed:** _____ |
| _____ Renewal of effectiveness | _____ New rule(s) | **Action taken:** |
| To be in effect in _____ days | _X_ Amendment to existing rule(s) | ____ Adopted with no changes in text |
| Effective date: | _____ Repeal of existing rule(s) | _____ Adopted with changes |
| _____ Immediately upon filing | _____ Adoption by reference | _____ Adopted by reference |
| _____ Other (specify): _____ | **Proposed final effective date:** | _____ Withdrawn |
| | _X_ 30 days after filing | _____ Repeal adopted as proposed |
| | _____ Other (specify): _____ | **Effective date:** |
| | | ___ 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: _____

DO NOT WRITE BELOW THIS LINE

| OFFICIAL FILING STAMP | OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
|---|---|---|
| | FILED OCT 19 2020 MISSISSIPPI SECRETARY OF STATE | |
| **Accepted for filing by** | **Accepted for filing by** #25197 | **Accepted for filing by** |

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