

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 Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS P.O. Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Cassandra.walter@msdh.ms.gov	SUBMIT DATE 10/19/2020	Name or number of rule(s): 15-12 Subpart 3J 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List all rules repealed, amended, or suspended by the proposed rule: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.

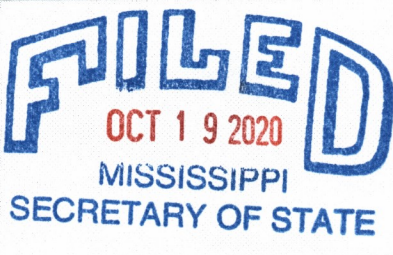
ECONOMIC IMPACT STATEMENT:

☒ 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 ___ Renewal of effectiveness To be in effect in ___ days Effective date: ___ Immediately upon filing ___ Other (specify): ___	Action proposed: ___ New rule(s) <u>X</u> Amendment to existing rule(s) ___ Repeal of existing rule(s) ___ Adoption by reference Proposed final effective date: <u>X</u> 30 days after filing ___ Other (specify): ___	Date Proposed Rule Filed: ___ Action taken: ___ Adopted with no changes in text ___ Adopted with changes ___ Adopted by reference ___ Withdrawn ___ Repeal adopted as proposed 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: [Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <u>#25197 [Signature]</u>	Accepted for filing by

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