SOS APA Form 001

**Mississippi Secretary of State**
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

| AGENCY NAME | | CONTACT PERSON | TELEPHONE NUMBER | |
|---|---|---|---|---|
| MS State Department of Health | | Jim Craig | 601-576-7847 | |
| ADDRESS | | CITY | STATE | ZIP |
| PO Box 1700 | | Jackson | MS | 39215 -1700 |
| EMAIL | SUBMIT DATE | Name or number of rule(s): | | |
| Cassandra.Walter@msdh.ms.gov | 11/12/2020 | List of Reportable Diseases and Conditions, Title 15: MSDH, Part II Epidemiology, Subpart II Office of Communicable Diseases, Chapter 1 Rules and Regulations Governing Reportable Diseases and Conditions, Rule 1.17.5, Appendix A and B | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Addition of all laboratory results for SARS-CoV-2 from any test methodology on list of Reportable Diseases and Conditions as Class 1A diseases, requiring reporting to MSDH within 24 hours of all test results through updated reporting processes. Discontinue allowing faxes and CSV spreadsheets as acceptable ways to submit SARS-CoV-2 reports to MSDH.
Specific legal authority authorizing the promulgation of rule: Section 41-3-14

List all rules repealed, amended, or suspended by the proposed rule: Amend Rule 1.17.5, Amend Appendix A and B

ORAL PROCEEDING:

_An oral proceeding is scheduled for this rule on Time: NA

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:

x Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

### TEMPORARY RULES

_x_ Original filing
_____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
_____ Immediately upon filing
X Other (specify): Effective immediately for reporting of all laboratory tests, discontinuation of faxes/CSV spreadsheets would be in effect December 1st, 2020.

### 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:** _____
**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: raig, Senior Deputy and Director of Health Protection
Signature of person authorized to file rules: DocuSigned by: Jim Craig E6EAC2B89F2549C...

**OFFICIAL FILING STAMP**

FILED
NOV 12 2020
MISSISSIPPI
SECRETARY OF STATE
#25232

Accepted for filing by

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