

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL Cassandra.Walter@msdh.ms.gov	SUBMIT DATE 11/12/2020	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: Amend Rule 1.17.5, Amend Appendix A and B

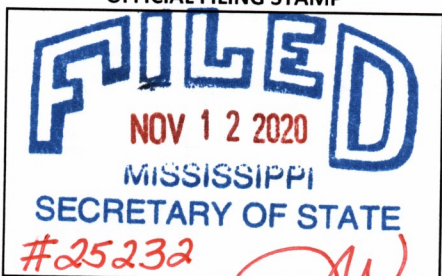
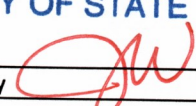
ORAL PROCEEDING:

 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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
x Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing X Other (specify): <u>Effective immediately for reporting of all laboratory tests, discontinuation of faxes/CSV spreadsheets would be in effect December 1st, 2020.</u>	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): _____	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 Signature of person authorized to file rules:	DocuSigned by: <u>Jim Craig</u> E6EAC2B89F2549C... DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	<u>raig, Senior Deputy and Director of Health Protection</u> OFFICIAL FILING STAMP
OFFICIAL FILING STAMP  Accepted for filing by 	OFFICIAL FILING STAMP Accepted for filing by	OFFICIAL FILING STAMP Accepted for filing by

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