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: David.Hall@msdh.ms.gov	SUBMIT DATE: March 18 2021	Name or number of rule(s): Title 15: Mississippi Department of Health; Part 3: Bureau of Acute Care Systems; Subpart 2: STEMI System of Care	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Section § 41-3-15 of the Mississippi Code 1972 Annotated, as amended, provides the general powers, duties and authority of the State Board of Health and certain powers of the Mississippi State Department of Health. The State Board of Health shall have the authority, in its discretion, to establish programs to promote the public health, to be administered by the State Department of Health. The State Board of Health approved the first STEMI System of Care Plan in 2011. The Board approved STEMI System Rules and Regulations in 2017. This proposed change to said rules adds a rule to address meeting attendance for STEMI Advisory Committee members.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. **Section 41-59-5 (5), Mississippi Code of 1972, as amended**

List all rules repealed, amended, or suspended by the proposed rule: **New Rule Proposed 1.8.4.**

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for: Time: Apr 13, 2021 10:30 AM Central Time (US and Canada)
Join from PC, Mac, Linux, iOS or Android:
https://us02web.zoom.us/j/86953651122?pwd=cGZ3TVk2ZnJka28zMTBwVUYyaCt0Zz09
Password: 017318

☐ 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:

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
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	__X__ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ 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: Jim Craig
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OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED MAR 18 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #25414	**Accepted for filing by**

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