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	
Mississippi 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	11/24/2021	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	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Modification of blood lead levels from 5 µg/dL to 3.5 µg/dL to Reportable Diseases to align with CDC guidance.

Specific legal authority authorizing the promulgation of rule: Section 41-3-14
List all rules repealed, amended, or suspended by the proposed rule: Rule(s): Amend Appendix A and B

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: December 20, 2021 Time: 10:30am Place: Zoom: https://us06web.zoom.us/j/83171387958?pwd=OHQxUVRTZUVvSVI5M0tYVm4rSE5DQT09

☐ 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) ☒ 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 author[illegible], Director of Health Protection

Signature of person authorized to file ru Jim Craig

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED NOV 24 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by 25990 PAM	Accepted for filing by

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