

Mississippi Secretary of State
125 South Congress St., 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 PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL <u>Cassandra.Walter@msdh.ms.gov</u>	SUBMIT DATE <u>2-10-22</u>	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		

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List all rules repealed, amended, or suspended by the proposed rule: Rule(s): Amend Appendix A and B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: _____ Time: _____ Place: Zoom:

☐ 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: ☐ Other (specify): _____	Date Proposed Rule Filed 11/24/2021 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: James Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: Craig, Jim

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OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	 Accepted for filing by <u>26/25 Bon</u>

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