

## Mississippi Secretary of State

## ADMINISTRATIVE PROCEDURES NOTICE FILING

|                                                       |                         |                                                                                                                                |                                  |                       |
|-------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| AGENCY NAME<br>Mississippi State Department of Health |                         | CONTACT PERSON<br>Jim Craig                                                                                                    | TELEPHONE NUMBER<br>601-576-7847 |                       |
| ADDRESS<br>POB 1700                                   |                         | CITY<br>Jackson                                                                                                                | STATE<br>MS                      | ZIP<br>39211<br>-1700 |
| Cassandra.walter@msdh.ms.gov                          | SUBMIT DATE<br>11/17/22 | Name or number of rule(s):<br>Title 15, Part 12 Subpart 31 (Emergency Medical Services)<br>Chapter 8, Subchapter 1, Rule 8.1.2 |                                  |                       |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: to provide for the approval or disapproval of out-of-state paramedic clinical and field practicum experiences

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-59-5

List all rules repealed, amended, or suspended by the proposed rule: None – new rule

## ORAL PROCEEDING:

☒ An oral proceeding completed for this rule on Date: December 12, 2022 Place: VTE – ZOOM  
Time: 9:30 a.m. Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/81987336490>

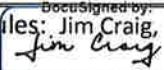
☐ Presently, an oral proceeding is not scheduled on this rule.

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<br>_____ Renewal of effectiveness<br>To be in effect in _____ days<br>Effective date:<br>_____ Immediately upon filing<br>_____ Other (specify): _____ | <b>Action proposed:</b><br><input checked="" type="checkbox"/> New rule(s)<br>_____ Amendment to existing rule(s)<br>_____ Repeal of existing rule(s)<br>_____ Adoption by reference<br><b>Proposed final effective date:</b><br><input checked="" type="checkbox"/> 30 days after filing<br>_____ Other (specify): _____ | <b>Date Proposed Rule Filed:</b><br><b>Action taken:</b><br>_____ Adopted with no changes in text<br>_____ Adopted with changes<br>_____ Adopted by reference<br>_____ Withdrawn<br>_____ Repeal adopted as proposed<br><b>Effective date:</b><br>_____ 30 days after filing<br>_____ Other (specify): _____ |

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Director of Health Protection  
 Signature of person authorized to file rules: 

| OFFICIAL FILING STAMP                                                    | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP                                                                                                                 | OFFICIAL FILING STAMP                                                    |
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| Accepted for filing by _____                                             | Accepted for filing by <u>alebb3 Pom</u>                                                                                                                              | Accepted for filing by _____                                             |