

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig		TELEPHONE NUMBER 601-576-7847	
ADDRESS P O Box 1700		CITY Jackson		STATE MS	ZIP 39215 -1700
EMAIL Christin.Williams@msdh.ms.gov	SUBMIT DATE 6/27/23	Name or number of rule(s): Title 15, Part 12, Subpart 31 Chapter 1, Subchapter 20 - Non-emergency Medical Transport (NEMT or NET) Chapter 11, Subchapter 1-5 - Automated External Defibrillator (AED) Grant Program			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment: To comply with Senate Bill 2613 & Senate Bill 2750, passed during the 2023 Regular Session and to take effect July 1, 2023

Specific legal authority authorizing the promulgation of rule: 41-59-5 & 41-55-71

List all rules repealed, amended, or suspended by the proposed rule: Title 15, Part 12, Subpart 31: Chapter 1, Subchapter 20 - Rule 1.20.11

ORAL PROCEEDING:

☐ 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: <u>5/10/23</u> 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: Jim Craig, Senior Deputy

Signature of person authorized to file rules: Jim Craig

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	Accepted for filing by _____	FILED JUN 27 2023 MISSISSIPPI SECRETARY OF STATE Accepted for filing by <u>27029 B02</u>

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