

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Insurance Department		CONTACT PERSON Kim Causey	TELEPHONE NUMBER 601-359-3577	
ADDRESS PO BOX 79		CITY Jackson	STATE MS	ZIP 39205
EMAIL Kim.Causey@mid.ms.gov	SUBMIT DATE 10/30/23	Name or number of rule(s): Miss. Admin. Code, Title 19, Part 7 Chapter 15: First Responder Health and Safety Act Claims Procedures		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Pursuant to the requirements established in *Miss. Code Ann. § 25-15-401 – 25-15-411*, this regulation has been promulgated to provide guidance to the state, counties, municipalities, and fire protection districts in filing claims on behalf of eligible first responders for the monetary benefits provided under the First Responder Health and Safety Act.

Specific legal authority authorizing the promulgation of rule: *Miss. Code Ann. § 25-15-401 – 25-15-411*

List all rules repealed, amended, or suspended by the proposed rule: n/a

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ 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): 1/1/24	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 authorized to file rules: Kimberly Causey, Chief of Staff

Signature of person authorized to file rules: *Kimberly Causey*, Chief of Staff

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	 Accepted for filing by <u><i>27224</i></u> <u><i>BS</i></u>	Accepted for filing by _____

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