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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health	Christina Adcock	601-576-7847	
ADDRESS	**CITY**	**STATE**	**ZIP**
PO Box 1700	Jackson	MS	39215
EMAIL	**SUBMIT DATE**	**Name or number of rule(s):**	
kris.adcock@msdh.ms.gov	10/9/25	Title 15: Mississippi Department of Health Part 3: Bureau of Acute Care Services Subpart 2: STEMI System of Care	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To provide clear, concise language for hospitals & providers. To update regulations to meet national standards and guidelines.

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

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.1.5 11, 24, 25; Rule 1.2.2 b & h; Rule 1.2.4; Rule 1.5.1; Rule 1.5.2; Rule 1.8.2;

ORAL PROCEEDING:

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: Not required for this rule.

☒ Economic impact statement not required for this rule. ☐ Concise summary of the economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed: 9/11/25**_____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	__x__ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	Other (specify): _____	**Effective date:**
		__X__ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Kris Adcock, Senior Deputy

Signature of person authorized to file rules: Kris Adcock

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED OCT 09 2025 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 28308

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