

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 601-576-8066	
ADDRESS P O Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL Christin.Williams@msdh.ms.gov	SUBMIT DATE 5/10/2023 3	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List all rules repealed, amended, or suspended by the proposed rule: Title 15, Part 12, Subpart 31: Chapter 1, Subchapter 20 – Rule 1.20.11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:

An oral proceeding is scheduled for this rule on Date: June 12, 2023 Time: 11:45 a.m.

Place: Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/89745155108>

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) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>July 1, 2023</u>	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: Jim Craig, Senior Deputy

Signature of person authorized to file rules: _____/s/_____

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by</p>	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by</p>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.