

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
STATE BOARD OF HEALTH

MISSISSIPPI DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY PLANNING &
RESPONSE
c/o Arthur C. Sharpe, Jr.
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Specific Legal Authority authorizing the promulgation of
Rule: House Bill 1405

Reference to Rules repealed, amended or suspended by the
Temporary Rule:

The Mississippi Trauma Care Regulations

Explanation of the Purpose of the Proposed Rule and the reason(s) for the rule:

To comply with legislative action regarding the Mississippi Trauma Care Regulations

This rule is proposed as a (x) Final Rule, and/or a () Temporary Rule (Check one or both boxes as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding (Check one box below):

X An oral proceeding is scheduled on this rule on October 1, 2008 at 10:00 a.m. at the Mississippi Department of Health – Osborne Auditorium in Jackson, MS.

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least five (5) days prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the parties you represent.

9 An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) 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 and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement (Check one box below):

9 The agency has determined that an economic impact statement is not required for this rule, or
9 The concise summary of the economic impact statement required is attached.

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

Date Rule Proposed: **August 27, 2008**

Proposed Effective Date: **November 7, 2008**



Arthur C. Sharpe, Jr., Director
Office of Emergency Planning & Response

Mississippi State Department of Health
Bureau of Emergency Medical Services

SUMMARY OF MODIFICATIONS TO:
Mississippi Trauma Care System Regulations

CHAPTER/PAGE	SECTION
<u>Chapter 3</u> Page 17	<u>Regional Plan Development</u> 300.07 Additional Standards & Prohibitions
<u>Chapter 4</u> Page 29	<u>Financial Support for Trauma System Development</u> 401.01 Trauma Care Regions to Implement Trauma Data Collections
<u>Chapter 8</u> Page 46	<u>Trauma Center Levels</u> 804.09 Trauma Registry
<u>Chapter 9</u> Page 59	<u>Level II Trauma Centers</u> 903.09 Trauma Registry
<u>Chapter 10</u> Page 70	<u>Facility Standards</u> 1003.11 Development of Evaluation Process
<u>Chapter 11</u> Page 74	<u>Level IV Trauma Centers</u> 1100.05 Trauma Registry