SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Dr. Norman Miller	601-576-8095	
ADDRESS		CITY	STATE	ZIP
570 E. Woodrow Wilson Blvd		Jackson	MS	39215
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Norman.miller@msdh.state.ms.us	10/14/10	Mississippi Trauma Care System Regulations Title 15 Part III Subpart 32		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Complete re-write of Chapter 14, Mississippi Burn Care System

Specific legal authority authorizing the promulgation of rule: MS Code Ann. 41-59-5

List all rules repealed, amended, or suspended by the proposed rule: None

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	Action proposed:	Action taken:
_____ Renewal of effectiveness	_____ New rule(s)	X____ Adopted with no changes in text
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately upon filing	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	Proposed date of adoption:	_____ Repeal adopted as proposed
	_____ 30 days after filing	Effective date:
	_____ Other (specify): _____	X____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Norman Miller, PhD, Trauma System Administrator
Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED OCT 14 2010 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by CB 17351

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