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		Mike Lucius	601-576-7847	
ADDRESS		CITY	STATE	ZIP
570 E Woodrow Wilson Ave		Jackson	MS	39215
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Bob.fagan@msdh.state.ms.us	4/16/13	Title 15 Part 12 Subpart 32 Trauma System		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Changes to correct errors; include reference to Trauma Registry Inclusion Criteria to web-site; update State Trauma Plan definition; add Trauma Registrar training.

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

List all rules repealed, amended, or suspended by the proposed rule: 1.1.4; 1.4.1; 1.4.3; 6.1.9.

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:

XX 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:**	**Date Proposed Rule Filed: 2/15/13**
_____ 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: _Mike Lucius , Deputy State Health Officer_____

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED APR 16 2013 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 19587

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