

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Animal health		CONTACT PERSON Dr. Jim Watson	TELEPHONE NUMBER 601-359-1170	
ADDRESS PO Box 3889		CITY Jackson	STATE MS	ZIP 39207
EMAIL jimw@mdac.ms.gov	SUBMIT DATE 7-23-14	Name or number of rule(s): Reportable Diseases		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Adds more diseases to the Reportable Disease list; purpose is disease control.

Specific legal authority authorizing the promulgation of rule: *Miss. Code Ann.*, §69-15-3

List all rules repealed, amended, or suspended by the proposed rule: Subpart 2, Ch. 15, §101

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

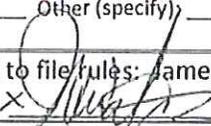
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

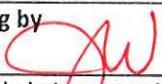
ECONOMIC IMPACT STATEMENT:

- 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 _____ 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: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	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: James A. Watson, D.V.M., State Veterinarian

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by #20665 	Accepted for filing by

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



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Board of Animal Health	CONTACT PERSON Dr. Jim Watson	TELEPHONE NUMBER 601-359-1170	
ADDRESS PO Box 3889	CITY Jackson	STATE MS	ZIP 39207
EMAIL jimw@mdac.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Reportable Diseases		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann., §69-15-3	Reference to Rules repealed, amended or suspended by the Proposed Rule: Subpart 2, Ch. 15, §101		

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit: Rapid response to disease and notification to public about existence of disease.
2. Briefly describe the need for the proposed rule: Certain diseases are required to be reported to the State Veterinarian's Office for surveillance and response to disease activities.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: Rapid response to disease outbreaks will protect animals, owners and the public.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
X Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
X Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive
6. Estimated impact on small businesses:
 - X Nothing Minimal Moderate Substantial Excessive
 - a. Estimate of the number of small businesses subject to the proposed regulation: 800
 - b. Projected costs for small businesses to comply: None
 - c. Statement of probable effect on impacted small businesses: None

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. None available.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled? Contact Dr. Jim Watson at the address and telephone number stated above.

SIGNATURE <input checked="" type="checkbox"/> 	TITLE State Veterinarian
DATE 7-23-2014	PROPOSED EFFECTIVE DATE OF RULE September __, 2014