

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 E Woodrow Wilson Ave		CITY Jackson	STATE MS	ZIP 39215
EMAIL Ingrid.williams@msdh.ms.gov	SUBMIT DATE 9/2/2015	Name or number of rule(s): 15-12 Subpart 31 Bureau of Emergency Medical Services Mississippi EMS Laws, Rules and Regulations		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Update Aero Medical Standards for licensure, permit and certification.

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List all rules repealed, amended, or suspended by the proposed rule: Chapter 3; Rule 3.1.1; Rule 3.1.2; Rule 3.1.3; Rule 3.1.4; Rule 3.1.5; Rule 3.1.6; Rule 3.1.7; Rule 3.1.8; Rule 3.1.9; Rule 3.1.10; Rule 3.1.11; Rule 3.1.12; Rule 3.1.13; Rule 3.1.14; Rule 3.1.15; Rule 3.1.16; Rule 3.1.17; Rule 3.1.18; Rule 3.1.19; Rule 3.1.20; Rule 3.1.21; Rule 3.1.22; Rule 3.1.23; Rule 3.1.24; Rule 3.1.25; Rule 3.1.26; Rule 3.2.6; Rule 3.2.7; Rule 3.3.4; Rule 3.3.6; Rule 3.3.8; Rule 3.5.1; Rule 3.5.2; Rule 3.5.4; Rule 3.5.5; Rule 3.5.6; Rule 3.5.7; Rule 3.5.9; Rule 3.6.1; Rule 3.7.1; Rule 3.7.5; Rule 3.7.6; Rule 3.7.7; Rule 3.8.1; Rule 3.8.2; Rule 3.8.4; Rule 3.8.5; Rule 3.8.7; Rule 3.8.8; Rule 3.8.10; Rule 3.8.11; Rule 3.9.1; Rule 3.9.2; Rule 3.9.3; Rule 3.9.4; Rule 3.9.6; Rule 3.9.8; Rule 3.9.9

**ORAL PROCEEDING:**

An oral proceeding is scheduled for this rule on: Date: September 30, 2015 Time: 3 pm Place: MSDH Central Campus/Osborne Auditorium/570 E Woodrow Wilson Ave Jackson, MS

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.

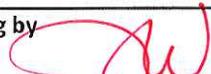
**ECONOMIC IMPACT STATEMENT:**

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Mitchell Adcock, Chief Administrative Officer

Signature of person authorized to file rules: 

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p>DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;">  </div> <p>Accepted for filing by  #21506</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>
---	---	---

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

SOS APA Form 002  
Rev. 6/12



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 Mississippi State Department of Health	CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER 601-576-7847
ADDRESS 570 E Woodrow Wilson Ave	CITY Jackson	STATE MS
EMAIL Ingrid.williams@msdh.ms.gov	ZIP 39215	
	DESCRIPTIVE TITLE OF PROPOSED RULE 15-12 Subpart 31 Bureau of Emergency Medical Services Mississippi EMS Laws, Rules and Regulations	
Specific Legal Authority Authorizing the promulgation of Rule: Section 41-59-5	Reference to Rules repealed, amended or suspended by the Proposed Rule: See Attached	

#### A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:  
These regulation amendments will benefit Mississippi citizens and visitors experiencing acute illness or injury and requiring air medical treatment and/or transport. Benefits will include, but are not limited to, a better and safer patient care environment, strengthening interaction with medical control physician, defining a quality management process, updating air medical pilot minimum requirements, further defining minimum standards for communications, equipment, environmental system, safety in the aircraft, and ensuring compliance with national regulations.
2. Briefly describe the need for the proposed rule:  
To protect the safety and well-being of patients being treated and transported by Mississippi licensed Aero Medical Services.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:  
The proposed action will provide for better overall health, safety, and welfare of patients being treated and transported by Mississippi licensed Aero Medical Services and will provide clarification of Rules in the licensing regulations to providers and the public.

4. Estimated Cost of implementing proposed action:

a. To the agency

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:

Nothing  Minimal  Moderate  Substantial  Excessive

d. Economic Benefit:

Nothing  Minimal  Moderate  Substantial  Excessive

6. Estimated impact on small businesses:

Nothing  Minimal  Moderate  Substantial  Excessive

a. Estimate of the number of small businesses subject to the proposed regulation: None

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.)

N/A

---

C. Data and Methodology

---

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

Compared cost to Bureau of current standards and proposed standards. Reviewed list of current Aero Medical Services licensed in State of Mississippi. Presented new standards to Mississippi Air Medical Services Committee who supports proposed regulations.

---

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? An Oral Proceeding is scheduled for September 30, 2015 at 3 pm at the Osborne Auditorium, 570 E Woodrow Wilson Ave, Jackson, MS.

SIGNATURE 	TITLE Mitchell Adcock, Chief Administrative Officer
DATE 9/2/2015	PROPOSED EFFECTIVE DATE OF RULE 30 days after filing