125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS State Department of Health	Mitchell Adcock	601-576-7847	
ADDRESS	CITY	STATE	ZIP
PO Box 1700	Jackson	MS	39211-1700
EMAIL	SUBMIT	Name or number of rule(s):	
Ingrid.williams@msdh.ms.gov	DATE 9-28-15	MISSISSIPPI POISON CONTROL CENTER CERTIFICATION STANDARDS	

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

Per the federal law, the Public Health Service Act, in order to receive the federal grant , as outlined in the Act, a poison control center must be certified by a professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for certification that reasonably provide for the protection of the public health in regard to poisoning; or the center has been certified by the state government as having in effect standards for certification that reasonably provide for the public health with respect to poisonings. The Mississippi Poison Control Center (MPPC), located on the campus of the University of MS Medical Center has requested the Mississippi State Department of Health develop standards and become the state's certifying body for the MPCC. The attached are the standards by which the MPPC must comply in order to be certified in the State of Mississippi.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-3-15

List all rules repealed, amended, or suspended by the proposed rule: New Chapter: Chapter 5

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time:

☐ 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:**	**Date Proposed Rule Filed:** 9-4-15
____ Renewal of effectiveness	New rule(s)	**Action taken:**
To be in effect in ____ days	____ Amendment to existing rule(s)	____ 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:**	X Withdrawn
	____30 days after filing	____ Repeal adopted as proposed
	Other (specify):	**Effective date:**
		____ 30 days after filing
		X Other (specify): immediately

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

Signature of person authorized to file rules: Mitchell Adcock

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED SEP 28 2015 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by #21549

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