Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Jim Craig	601-576-7847	
ADDRESS		CITY	STATE	ZIP
570 East Woodrow Wilson Avenue		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Cassandra.walter@msdh.ms.gov	10/29/2020	Title 15, Part 3, Subpart 7, Chapter 1, 1.1.1 to 1.1.21		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
Pursuant to House Bill 1813, the Licensed Specialty Hospital Reimbursement Act, MSDH hereby creates the "Licensed Specialty Hospital Reimbursement Program," which is designed to reimburse Mississippi licensed specialty hospitals recognized as such by the Mississippi State Department of Health, excluding any specialty hospital owned by the State of Mississippi, for their necessary expenditures incurred due to the COVID-19 public health emergency.

Specific legal authority authorizing the promulgation of rule:
In Section 3 of House Bill 1813, 2020 Reg. Session (the Licensed Specialty Hospital Reimbursement Act), the Mississippi Legislature designated the State Department of Health (MSDH) to administer a program to reimburse a number of Mississippi licensed specialty hospitals that are recognized as such by the department, excluding any specialty hospital owned by the State of Mississippi, for their necessary expenditures incurred due to the COVID-19 public health emergency. Moreover, Miss. Code Ann. § 41-3-15 (1)(b)(ii) provides the department authority to adopt, modify, repeal and promulgate rules and regulations as necessary.

List all rules repealed, amended, or suspended by the proposed rule:
New subpart to Title 15, Part 3

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date:

x 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
__x__ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ 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
__x__ 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:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy and Director of Health Protection

Signature of person authorized to file rules: Jim Craig

DocuSigned by: E8EAC2B89F2549C...

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP

FILED OCT 29 2020 MISSISSIPPI SECRETARY OF STATE Accepted for filing by #25218	Accepted for filing by	Accepted for filing by