

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 East Woodrow Wilson Avenue		CITY Jackson	STATE MS	ZIP 39216
EMAIL Cassandra.walter@msdh.ms.gov	SUBMIT DATE 10/29/2020	Name or number of rule(s): Title 15, Part 3, Subpart 6, 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 1782, the Healthcare Providers Act, MSDH hereby creates the "Healthcare CARES Act Reimbursement Program," which is designed to reimburse healthcare related entities for expenses incurred while addressing the continuation of the COVID-19 public health emergency and treating patients with COVID-19.

Specific legal authority authorizing the promulgation of rule:

In Section 3 of House Bill 1782, 2020 Reg. Session (the Healthcare Providers Act), the Mississippi Legislature designated the State Department of Health (MSDH) to administer a comprehensive program to reimburse a number of healthcare related entities for expenses incurred while addressing the continuation of the COVID-19 public health emergency and treating patients with COVID-19, thus authorizing MSDH to develop regulations, procedures, and forms to govern the administration of the program.

List all rules repealed, amended, or suspended by the proposed rule: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.

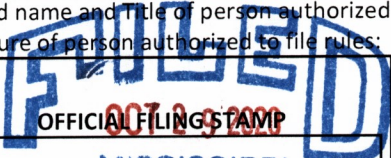
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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
☒ Original filing ☐ Renewal of effectiveness To be in effect in _____ days Effective date: ☒ Immediately upon filing ☐ Other (specify): _____	Action proposed: ☐ New rule(s) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☐ 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: Jim Craig, Senior Deputy and Director of Health Protection
 Signature of person authorized to file rules: *Jim Craig*

 MISSISSIPPI SECRETARY OF STATE	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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10/29/2020		
Accepted for filing by #25219 	Accepted for filing by	Accepted for filing by