SOS APA Form 001

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 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List all rules repealed, amended, or suspended by the proposed rule: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
_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: DocuSigned by: Jim Craig E6EAC2B89F2549C...

FILED
OCT 29 2020
MISSISSIPPI
SECRETARY OF STATE

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP

10/29/2020		
Accepted for filing by #25219	Accepted for filing by	Accepted for filing by