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	601-576-8066	
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	11/20/20	Title 15: Mississippi Department of Health Part 3: Bureau of Acute Care Systems Subpart 1: Trauma System of Care Chapter1 Subchapter 3		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Section 41-59-5 (5), Mississippi Code of 1972, as amended, establishes Mississippi State Department of Health (MSDH) as lead agency in statewide Trauma System development and implementation. Funding for the system is provided annually through various funding streams and distribution of funds is prescribed by Trauma System Rules and Regulations. These changes are required to facilitate increased reimbursement from the current 70% of Medicare allowable rates up to 100% of Medicare allowable rates for EMS ground ambulances as approved in Medicaid State Plan Amendment (SPA) 20-0016.

Specific legal authority authorizing the promulgation of rule: Section 41-59-5 (5), Mississippi Code of 1972, as amended

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3.1; 1.3.3; 1.3.5

ORAL PROCEEDING:

☐ 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: 10/19/2020** **Action taken:** _____ X Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** _____ X 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized: DocuSigned by: Jim Craig E6EAC2B89F2549C... , Senior Deputy and Director of Health Protection

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	FILED NOV 20 2020 MISSISSIPPI SECRETARY OF STATE Accepted for filing by #25249

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