

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL Cassandra.walter@msdh.ms.gov	SUBMIT DATE 5-6-22	Name or number of rule(s): Title 15, Part 3, Subpart 4: COVID-19 Hospital Expanded Capacity Program		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New regulations to effect new COVID-19 Hospital Expanded Capacity Program established through S.B. 2820, 2022 Regular Session

Specific legal authority authorizing the promulgation of rule: Senate Bill 2820, 2022 Regular Legislative Session

List all rules repealed, amended, or suspended by the proposed rule: Chapter 1 (Rules 1.1.1 through 1.1.17)

ORAL PROCEEDING:

X An oral proceeding is scheduled for this rule on Time: May 31, 2022 11:00 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/86728062273>

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 _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	PROPOSED ACTION ON RULES Action proposed: <u>X</u> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <u>X</u> _____ Other (specify): July 1, 2022 DocuSigned by: _____	FINAL ACTION ON RULES 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): _____
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Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: _____ Senior Deputy and Director of Health Protection

OFFICIAL FILING STAMP Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by <u>26319 Pom</u>	OFFICIAL FILING STAMP Accepted for filing by _____
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