Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS State Department of Health	Jim Craig	601-576-7847	
ADDRESS	**CITY**	**STATE**	**ZIP**
P O Box 1700	Jackson	MS	39215 -1700
EMAIL	**SUBMIT DATE**	**Name or number of rule(s):**	
Jim.Craig@msdh.ms.gov	5/6/2022	Title 15, Part 16, Subpart 1, Chapter 46 - Minimum Standards of Operation for Home Health Agencies	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To amend rules by adding nurse practitioners, physician assistants, and clinical nurse specialists to reflect statute change and federal guidelines.

Specific legal authority authorizing the promulgation of rule: 41-71-13

List all rules repealed, amended, or suspended by the proposed rule: Rule 46.3.4, 46.3.11, 46.3.20, 46.3.29, 46.3.31, 46.3.35, 46.3.43, 46.3.44, 46.3.46, 46.3.48, 46.7.2, 46.12.1, 46.14.1, 46.19.1, 46.19.2, 46.20.1, 46.21.1, 46.22.1, 46.24.1, 46.24.2, 46.24.3, 46.25.1, 46.27.3, 46.31.1,46.32.1, 46.32.2, 46.32.3, 46.33.1, 46.34.1, 46.35.2, 46.36.1, 46.38.1, 46.39.1, 46.39.2, 46.41.1, 46.41.2, 46.42.1, 46.42.2, 46.43.1, 46.46.1, 46.48.1, 46.52.1, 46.54.1,

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: May 31, 2022 Time: 9:00 AM Central Time (US and Canada) Place: Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/88637380525
☐ 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

_____ Original filing
_____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
_____ Immediately upon filing
_____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
_____ New rule(s)
__x__ Amendment to existing rule(s)
x Repeal of existing rule(s)
_____ Adoption by reference
Proposed final effective date:
__x__ 30 days after filing
_____ Other (specify): _____

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): _____

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Directory of Health Protection
Signature of person authorized to file rules: DocuSigned by: Craig, Jim E6EA92B09F2B49C... Senior Deputy and Director of Health Protectio

OFFICIAL FILING STAMP

Accepted for filing by

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FILED
MAY 06 2022
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by 26320 BM

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