

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847
ADDRESS P O Box 1700		CITY Jackson	STATE MS ZIP 39215 -1700
EMAIL Jim.Craig@msdh.ms.gov	SUBMIT DATE 5/9/2022	Name or number of rule(s): Title 15, Part 16, Subpart 1, Chapter 1 - Minimum Standards of Operation for Hospice	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To add new rule, amend rules, and repeal rules to reflect best practices recommended by Centers for Medicare and Medicaid Services, Louisiana Mississippi Hospice Palliative Care Organization, and National Fire Protection Association.

Specific legal authority authorizing the promulgation of rule: 41-85-7

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.2.2, 1.2.3, 1.3.1, 1.8.3, 1.8.5, 1.8.6, 1.8.8, 1.8.10, 1.12.1, 1.13.1, 1.13.2, 1.15.3, 1.17.1, 1.17.2, 1.17.3, 1.17.4, 1.18.1, 1.18.2, 1.18.3, 1.18.4, 1.18.7, 1.18.9, 1.18.10, 1.18.11, 1.18.12, 1.18.13, 1.18.14, 1.19.2, 1.19.3, 1.19.4, 1.19.5, 1.19.10, 1.20.4, 1.20.5, 1.27.4, 1.43.2, 1.43.3, 1.43.4, 1.43.5, 1.46.2, 1.47.2, 1.47.4, 1.47.23, 1.47.24, 1.47.25, 1.47.28, 1.48.1, 1.48.2, 1.49.1, 1.50.5

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Time: Jun 13, 2022 09:00 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/89200003070>

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: _____ x _____ 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): _____	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, Director of Health Protection

Signature of person authorized to file rules:

Jim Craig

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <i>26322 Pam</i>	Accepted for filing by

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