

Mississippi Secretary of State
 125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

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|--|-----------------------------------|---|----------------------------------|--------------|
| AGENCY NAME Division of Medicaid | | CONTACT PERSON Robin Williams | TELEPHONE NUMBER 601-359-3984 | |
| ADDRESS 550 High Street, Suite 1000 | | CITY Jackson | STATE MS | ZIP 39201 |
| EMAIL DOMPolicy@medicaid.ms.gov | SUBMIT DATE APR 30 2026 | Name or number of rule(s): Title 23: Medicaid, Part 219: Laboratory Services, Chapter 1: General, Rule(s) 1.9 | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being filed to update language regarding coverage of genetic testing services and to ensure compliance with HB 565.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-117 and 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: 1.9

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- 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) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): JUL 01 2026 | Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____ |

Printed name and Title of person authorized to file rules: Cindy H. Bradshaw, Executive Director

Signature of person authorized to file rules: *Cindy Bradshaw*

| | | |
|--|---|--|
| OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by | DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px;">  </div> Accepted for filing by <u><i>Robin Williams</i></u> | OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by |
|--|---|--|

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



Michael Watson

SECRETARY OF STATE

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

| | | |
|---|--|----------------------------------|
| AGENCY NAME Division of Medicaid | CONTACT PERSON Robin Williams | TELEPHONE NUMBER 601-359-3984 |
| ADDRESS 550 High Street, Suite 1000 | CITY Jackson | STATE MS |
| EMAIL DOMPolicy@medicaid.ms.gov | ZIP 39201 | |
| DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 219: Laboratory Services, Chapter 1: General, Rule(s) 1.9. | | |
| Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. §§ 43-13-117 and 43-13-121 | Reference to Rules repealed, amended or suspended by the Proposed Rule: 1.9 | |

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
This rule will provide beneficiaries with access to medically necessary genetic screening.
2. Briefly describe the need for the proposed rule: *This rule will provide beneficiaries with access to medically necessary genetic screening.*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: *This rule will allow coverage of genetic screening for purposes of diagnosis, treatment and management of an individual's disease or condition.*
4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive
6. Estimated impact on small businesses:
 - a. Estimate of the number of small businesses subject to the proposed regulation: *N/A*
 - b. Projected costs for small businesses to comply: *N/A*

c. Statement of probable effect on impacted small businesses: *N/A*

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.) *N/A*

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. *The number of Medicaid births for calendar year 2023 was multiplied by the percentage of reported genetic conditions prevalent in children, and then that number was multiplied by the cost of the genetic testing per patient, resulting in an annual impact of \$168,178.*

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?
Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms.gov. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

SIGNATURE

Cindy Bradsher

TITLE

Executive Director

DATE

APR 30 2026

PROPOSED EFFECTIVE DATE OF RULE

JUL 01 2026