

NOTICE OF PROPOSED RULE ADOPTION

**STATE OF MISSISSIPPI
MS State Department of Health**

Mississippi State Department of Health
c/o Sam Dawkins, Director
Office of Health Policy and Planning
P.O. Box 1700
Jackson, MS 39215-1700

601-576-7874

Specific Legal Authority authorizing the promulgation of Rule:

Mississippi Code Sections 41-7-185 and 41-7-195

Reference to Rules repealed, amended or suspended by the Proposed Rule :

Chapter 6, Section 102, of Title 15 - MISSISSIPPI DEPARTMENT OF HEALTH, Part IX – Office of Health Policy and Planning, Subpart 91 -Certificate of Need Review Manual (Effective September 9, 2007)

Date Rule Proposed: December 27, 2007

Explanation of the Purpose of the Temporary Rule and the reason(s) for the rule:

The Department of Health finds that Certificates of Need (CONs) have been issued to serve unmet healthcare needs of the state and that compliance with the Attorney General’s Opinion of October 12, 2007, may prevent the completion of outstanding CONs that were issued to address such needs. Changes in the CON Rules regarding extensions of valid CONs are necessary to comply with the Attorney General’s Opinion, to modify requirements for six-month extensions, to clarify the status of incomplete CONs, and to provide transition of incomplete CONs.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding (Check one box below):

- An oral proceeding is scheduled on this rule on Date: 1/16/2008 at Time: 9:30 a.m. at Location: Mississippi Department of Health, Osborne Building, Suite 150, 570 East Woodrow Wilson, Jackson, Mississippi 39215,

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least five (5) days prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

- An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) 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 and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement (Check one box below):

- The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

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

Date Rule Proposed: December 28, 2007

Proposed Effective Date of Rule: February 22, 2008

Sam Dawkins, Director of Office of Health Policy and Planning
Printed Name/Title of Person Submitting Rule for Filing

Signature