

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
MS State Department of Health

MS State Department of Health
c/o Donald E. Eicher, III
P. O. Box 1700
Jackson, MS 39215-1700

Telephone Number
(601)-576-7874

Email Address
Don.Eicher@msdh.state.ms.us

Specific Legal Authority Authorizing the promulgation
of Rule: Mississippi Code Section 41-7-185 (g)

Reference to Rules repealed, amended or suspended by
the Proposed Rule:
Mississippi State Department of Health – FY 2010
Mississippi State Health Plan

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
Revisions of the FY 2010 Mississippi State Health Plan to update statistical data for health care facilities and services and
other information concerning health care issues. Further this includes changes to Acute Care Chapter (New General Hospital
Service Areas and General Acute Care Hospital for Counties located in an underdeveloped General Hospital Service Area
with rapidly growing population), Obstetrical Services, and Neonatal Special Care Services.

This rule is proposed as a [X] 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):

- [X] An oral proceeding is scheduled on this rule on Date: 03/27/2008 at Time: 10:00 a.m. at
Location: Mississippi State Department of Health, Health Services Conference Room, 2nd Floor, Osborne
Building, 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
[X] 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: March 11, 2009

Proposed Effective Date of Rule: August 8, 2009

Donald E. Eicher, III, Director of Office of Health Policy and Planning

Printed Name/Title of Person Submitting Rule for Filing

Signature