

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

Specific Legal Authority Authorizing the promulgation
of Rule: Mississippi Code Sections 41-7-185 and 41-7-187

Telephone Number
(601)-576-7874

Reference to Rules repealed, amended or suspended by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

Title 15 - MISSISSIPPI STATE DEPARTMENT OF
HEALTH - Part IX - Office of Health Policy and
Planning, Division of Health Planning and Resource
Development, Subpart 91 - Certificate of Need Review
Manual (Effective September 1, 2009).

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

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

The following revisions of the CON Review Manual are to the Single Specialty Ambulatory Surgery Facility Application for Determination of Non-Reviewability to require physicians in group of the facility to have medical privileges at a full service hospital, formal transfer agreement with a full service hospital to provide services that are required beyond scope of single specialty facility's programs, and formal process for providing follow-up services to patients.

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: 10/14/2009 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):

- [X] 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: September 18, 2009

Proposed Effective Date of Rule: December 1, 2009

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

Printed Name/Title of Person Submitting Rule for Filing

Signature