

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL mike.lucius@msdh.state.ms.us	SUBMIT DATE 06/13/2012	Name or number of rule(s): Minimum Standards for Institutions for the Aged and Infirm; Minimum Standards for Personal Care Homes-Assisted Living; Minimum Standards for Personal Care Homes-Residential Living; Minimum Standards of Operation for Psychiatric Residential Treatment Facilities; Minimum Standards of Operation for Abortion Facilities; Minimum standards of Operation for Ambulatory Surgical Facilities.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule Amendments to: Chapter 42 – Amends regulation to be consistent with statutory language of 2012 Regular Legislative Session. Chapter 44 – Amends regulation to be consistent with statutory language of 2012 Regular Legislative Session. Chapter 45 – Amended to define IGRA and expanded regulations to allow IGRA as a method of TB Testing. Chapter 47 – Amended to define IGRA and expanded regulations to allow IGRA as a method of TB Testing. Chapter 48 – Amended to define IGRA and expanded regulations to allow IGRA as a method of testing. Chapter 51 – amended to include use of psychiatric mental health nurse practitioners as a professional discipline authorized to provide care and services; definition modified from two years to three years of experience; modified re-appointment cycle of professional staff to be consistent with other regulations (two years to three years).

Specific legal authority authorizing the promulgation of rule: MS. Code Annotated §43-11-3 (Aged and Infirm/Personal Care Homes-Assisted Living/Personal Care Homes-Residential Living/ Psychiatric Residential Treatment Facilities) §41-75-13 Abortion Facilities/Ambulatory Surgical Facilities.

List all rules repealed, amended, or suspended by the proposed rule: Rule 42.9.7, Rule 44.11.1, Rule 45.2.17, Rule 45.2.19, Rule 45.16.5, Rule 45.16.6, Rule 45.20.2, Rule 45.20.4, Rule 47.2.6, Rule 47.2.9, Rule 47.11.7, Rule 47.12.3, Rule 47.12.5, Rule 48.2.6, Rule 48.2.9, Rule 48.11.7, Rule 48.12.3, Rule 48.12.5, Rule 51.1.3, Rule 51.13.1, Rule 51.17.1, Rule 51.19.5, Rule 51.19.6, Rule 51.20.3, Rule 51.20.4, Rule 51.20.6, Rule 51.43.2, rule 51.45.1, Rule 51.51.12, Rule 51.74.4, Rule 51.83.42

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: 07/06/12 Time: 11:00 a.m. Place: Osborne Auditorium, 517 E. Woodrow Wilson Ave., Jackson, MS 39215

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	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: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: *[Signature]*

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JUN 13 2012

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SECRETARY OF STATE

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