

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 bob.fagan@msdh.state.ms.us	SUBMIT DATE 10/22/12	Name or number of rule(s): Ch. 1 Minimum Standards of Operation for Hospice, Ch. 41 Minimum Standards of Operation for Mississippi Hospitals, Ch. 42 Minimum Standards of Operation for Ambulatory Surgical Facilities, Ch. 45 Minimum Standards for Institutions for the Aged or Infirm, Ch. 46 Minimum Standards of Operation for Home Health Agencies, Ch. 47 Minimum Standards for Personal Care Homes Assisted Living, Ch. 48 Minimum Standards for Personal Care Homes Residential Living, Ch. 50 Minimum Standards of Operation for Alzheimer's Disease/Dementia Care Unit: General Alzheimer's Disease/Dementia Care Unit		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule Amendments to: Chapter 1 - Modifies standards to include physician assistant in each case where a nurse practitioner is mentioned in the rule. Chapter 41 - Modifies standards to include physician assistant in each case where a nurse practitioner is mentioned in the rule and requires verbal orders to be authenticated according to facility policy and, in the absence of facility policy, no later than 30 days after discharge. Chapter 42 - Modifies standards to be consistent with the CRNA Practice Act and allow CRNAs to work in collaboration with a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. Chapter 45 - Modifies standards to include physician assistant in each case where a nurse practitioner is mentioned in the rule. Chapter 46 - Modifies standards to include physician assistant in each case where a nurse practitioner is mentioned in the rule and requires the supervising physical therapist to have a case conference with the Physical Therapist Assistant to review the Plan of Care and provide instructions for treatment before beginning to provide services to the patient. Chapter 47 - Modifies standards to include physician assistant in each case where a nurse practitioner is mentioned in the rule. Chapter 48 - Modifies standards to include physician assistant in each case where a nurse practitioner is mentioned in the rule. Chapter 50 - Modifies standards to include physician assistant in each case where a nurse practitioner is mentioned in the rule.

List all rules repealed, amended, or suspended by the proposed rule: Rules: 1.3.1; 1.15.4; 41.7.17; 41.53.1; 42.9.7; 45.2.22; 45.8.1; 45.12.2; 45.16.4; 45.16.5; 45.16.6; 45.17.2; 45.17.3; 45.19.4; 45.20.1; 45.20.2; 45.21.9; 45.22.2; 45.22.3; 45.22.4; 45.23.1; 45.24.3; 45.24.5; 45.25.1; 45.30.6; 45.57.1; 46.27.5; 46.39.2; 47.9.1; 47.11.6; 47.11.7; 47.11.9; 47.12.2; 48.9.1; 48.11.6; 48.11.7; 48.11.9; 48.12.2; 50.3.1

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: Time: Place:
 Presently, an oral proceeding is not scheduled on this rule.

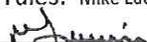
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

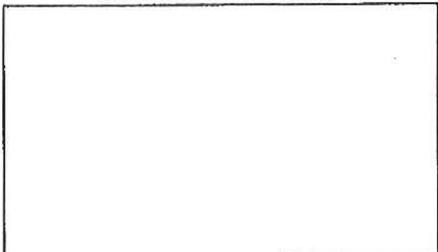
ECONOMIC IMPACT STATEMENT:

- 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
<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: 

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by	Accepted for filing by 	Accepted for filing by

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