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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health	Mitchell Adcock	601-576-7847	
ADDRESS	CITY	STATE	ZIP
P.O. Box 1700	Jackson	MS	39215 -1700
EMAIL	SUBMIT	Name or number of rule(s):	
Ingrid.Williams@msdh.ms.gov	DATE Sept. 4, 2015	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 December 1, 2015)	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: These revisions of the CON Review Manual are revise various fees and forms effective December 1, 2015.
Specific legal authority authorizing the promulgation of rule: Mississippi Code Sections 41-7-185 and 41-7-187

List all rules repealed, amended, or suspended by the proposed rule: CON Review Manual (Effective September 1, 2011)

ORAL PROCEEDING:

☑ An oral proceeding is scheduled for this rule on Date: Sept. 30, 2015 Time: 1:30 p.m. Place: Mississippi State Department of Health, Cobb Auditorium, 1st Floor, Osborne Building, 570 East Woodrow Wilson, 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
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	__X__ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	__X__ Other (specify): Dec. 1, 2015	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mitchell Adcock, Chief Administrative Officer
Signature of person authorized to file rules: Mitchell Adcock

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED SEP 04 2015 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #21515	Accepted for filing by

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

DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

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Mississippi State Department of Health	Mitchell Adcock		601-576-7847
ADDRESS	CITY	STATE	ZIP
P.O. Box 1700	Jackson	MS	39215-1700
EMAIL	DESCRIPTIVE TITLE OF PROPOSED RULE		
Ingrid.Williams@msdh..ms.gov	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 December 1, 2015)		

Specific Legal Authority Authorizing the promulgation of Rule:	Reference to Rules repealed, amended or suspended by the Proposed Rule:
Miss. Code Section 41-7-185 and 41-7-187	CON Review Manual (Effective September 1, 2011)

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

   Mississippi Code Sections 41-7-183, 41-7-185 and 41-7-187 gives the duty and responsibilities for all state health planning and development including the power to prescribe and promulgate rules and regulations for the CON program. The CON Review Manual the rules and regulations of the program of review of health care facilities and defined health care services. Parties to benefit include, all health care facilities and health care service providers, and their consumers and the State of Mississippi. Additionally, the any fees collected pursuant to the proposed fee increases will help the Department better administer the CON program for the benefit of all parties mentioned above.

2. Briefly describe the need for the proposed rule:

   The Department has found a need to increase fees to meet the budgetary needs of the health planning activities of the State of Mississippi.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

   The health planning activities are to assess need for all defined health care facilities and health care services. Mississippi's health planning and health regulatory activities have the following purposes: to improve the health of Mississippi residents; to increase the accessibility, acceptability, continuity, and quality of health service; to prevent unnecessary duplication of health resources; and to provide some cost containment.

   In furtherance of the above activities, the CON program impacts all regulated health care facilities, health care providers of defined services, and all their respective consumers and the State of Mississippi

4. Estimated Cost of implementing proposed action:

a. To the agency
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive
b. To other state or local government entities
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

c. Cost:
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
d. Economic Benefit:
☐ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive

6. Estimated impact on small businesses:

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation: less than 100
b. Projected costs for small businesses to comply: minimal unless proposing covered service, then less than $3,000.00
c. Statement of probable effect on impacted small businesses: Those providing covered services will have information and other reporting to MSDH. Those not providing covered services, will require CON approval before being allowed to provide covered services.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☒ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☒ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

The Department used actual historical cost data and other historical data to make predictions for future budgets of the program.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

Oral proceeding is scheduled on this rule, (see form 001), the department will accept written comments until next regular meeting of the Board of Health and one may express views to Board of Health at its next regular meeting.

SIGNATURE	TITLE
M Adkins Adkins	Chief Administrative Officer
DATE September 4, 2015	PROPOSED EFFECTIVE DATE OF RULE December 1, 2015