

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 E. Woodrow Wilson Ave, PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Cassandra.Walter@msdh.ms.gov	SUBMIT DATE 8/29/22	Name or number of rule(s): Title 15: Mississippi Department of Health Part 4: Office of Health Services Subpart 1: Division of Genetics Chapter1. NEWBORN SCREENING AND BIRTH DEFECTS REGISTRY Subchapter 1. AUTHORITY Rule 1.1.1. Statutory Authority <i>SOURCE: Miss. Code Ann. §41-21-201</i> Rule 1.1.2. Legal Requirements		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: **Rule: Chapter 1, Subchapter 1.**

Authority, Rule 1.1.2 Legal Requirement

Specific legal authority authorizing the promulgation of rule: **Section 41-21-201 of MS Code**

List all rules repealed, amended, or suspended by the proposed rule: **Chapter 1, Subchapter 1. Authority, Rule 1.1.2 Legal Requirement**

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule: Time: Sep 21, 2022 10:00 AM Central
Join online: <https://us06web.zoom.us/j/81853551443>

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: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: /s/

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Accepted for filing by	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Accepted for filing by
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Michael Watson
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.

AGENCY NAME Mississippi State Department of Health	CONTACT PERSON Jim Craig		TELEPHONE NUMBER 601-576-7847
ADDRESS 570 East Woodrow Wilson Avenue	CITY Jackson	STATE MS	ZIP 39208
EMAIL Cassandra.walter@msdh.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Rules and Regulations governing the Newborn Screening Program		
Specific Legal Authority Authorizing the promulgation of Rule: Section 41-21-201 of MS Code	Reference to Rules repealed, amended or suspended by the Proposed Rule: Chapter 1, Subchapter 1. Authority, Rule 1.1.2.1 Legal Requirement		

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit: **This proposed rule will allow the Mississippi State Department of Health to add screening for X-linked adrenoleukodystrophy (X-ALD) to the Newborn Screening (NBS) panel and increase the fees by \$6.00 to support the increased cost of screening and operation of the State Newborn Screening Program. Last year 36,634 infants were screened through the program and follow-up was provided for infants identified with genetic diseases and other serious but treatable disorders.**
2. Briefly describe the need for the proposed rule: **The proposed rule will allow the Mississippi State Department of Health to add a test to the newborn screening panel as recommended by the national Recommended Uniform Screening Panel (RUSP) and the Mississippi Genetics Advisory Committee (GAC).**
3. Briefly describe the effect the proposed action will have on public health, safety, and welfare: **The Newborn Screening Program provides follow-up for more than 40 genetic and other serious but treatable disorders and surveillance of infants identified with genetic conditions. Early identification of X-ALD may result in an improved quality of life or prevent the premature death of a child.**
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:
 - b. Projected costs for small businesses to comply:
 - c. Statement of probable effect on impacted small businesses:
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. **Estimates were made based on historical and most recently available data. Quotes for increased laboratory costs were obtained from the state laboratory vendor. Additional administrative, training, educational, and data system expenses were estimated based on impacts of previous updates to the newborn screening panel and current budgeted expenses.**

D. Public Notice

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? **An oral proceeding will be held on these proposed rules.** Time: Sep 21, 2022 10:00 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://us06web.zoom.us/j/81853551443>

SIGNATURE /s/	TITLE Senior Deputy and Director of Health Protection
DATE 8/29/22	PROPOSED EFFECTIVE DATE OF RULE 30 days after filing