

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Physical Therapy		CONTACT PERSON Stephanie Boyette	TELEPHONE NUMBER (601) 359-2918	
ADDRESS PO Box 55707		CITY Jackson	STATE MS	ZIP 39296
EMAIL sboyette@msbpt.ms.gov	SUBMIT DATE 8/27/2020	Name or number of rule(s): Title 30, Part 3103, Chapter 3, Rule 3.2(1)(f) Title 30, Part 3103, Chapter 3, Rule 3.2 (6)(a) Title 30, Part 3103, Chapter 7, Rule 7.1 (8)(c)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Due to COVID-19, the Board adopts the temporary rules & authorizes the tele-physical therapy practitioner to obtain oral informed consent from the patient or other appropriate person before services rendered through telehealth, out-of-state PTs or PTAs may utilize telehealth when treating patients in MS without securing a license to practice in this State, out-of-state PTAs may practice telehealth under the supervision of a PT who is licensed in the same state in which the PTA practices and every PT and PTA who is currently not licensed in the State of MS and who wishes to practice in MS shall complete the disastrous/emergency waiver.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Section 73-23-43(1)(e) Rev. 2008

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 3103, Chapter 3, Rule 3.2(1)(f), Title 30, Part 3103, Chapter 3, Rule 3.2 (6)(a) and Title 30, Part 3103, Chapter 7, Rule 7.1 (8)(c)

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.

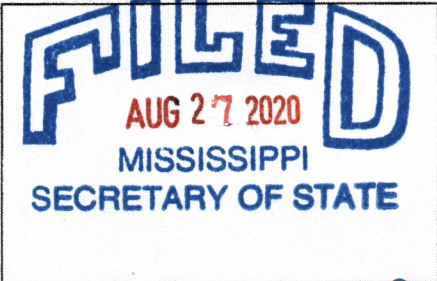
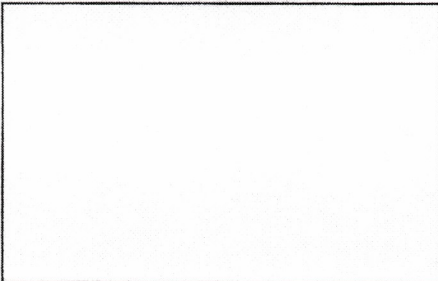
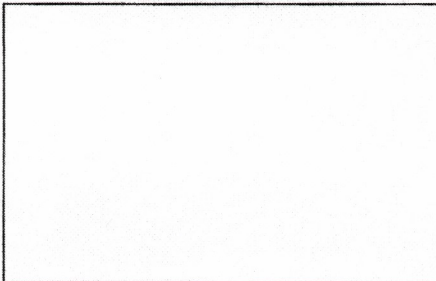
ECONOMIC IMPACT STATEMENT:

☒ 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
☒ Original filing ☐ Renewal of effectiveness To be in effect in _____ days Effective date: ☒ Immediately upon filing ☐ Other (specify): _____	Action proposed: ☐ New rule(s) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☐ 30 days after filing ☐ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: ☐ Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed Effective date: ☐ 30 days after filing ☐ Other (specify): _____

Printed name and Title of person authorized to file rules: Stephanie Boyette, Executive Director Director

Signature of person authorized to file rules: Stephanie Boyette

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by #25081 <u>[Signature]</u>	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.