SOS APA Form 001

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Workers' Compensation Commission		Jeff Skelton	601-987-4265	
ADDRESS		CITY	STATE	ZIP
1428 Lakeland Drive, P.O. Box 5300		Jackson	MS	39296 -5300
EMAIL	SUBMIT DATE	Name or number of rule(s):		
jskelton@mwcc.ms.gov	02/25/21	Mississippi Workers' Compensation Medical Fee Schedule		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Mississippi Workers' Compensation Fee Schedule telemedicine rule is being amended to allow for a broader range of providers offering the service and to more comprehensively address how telemedicine services must be provided.
Specific legal authority authorizing the promulgation of rule: Miss. Code. Ann. §71-3-15(3).
List all rules repealed, amended, or suspended by proposed rule: Mississippi Workers' Compensation Medical Fee Schedule (2019), Evaluation and Management, XXIV. Practice of Telemedicine

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date:_____ Time:_____ Place: _____

XX 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	XX 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
	XX 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		_____ days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jeff Skelton, Senior Attorney
Signature of person authorized to file rules: Jeff Skelton

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED FEB 25 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #25382	**Accepted for filing by**

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