

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Workers' Compensation Commission		CONTACT PERSON Scott Clark	TELEPHONE NUMBER (601) 987-4266	
ADDRESS 1428 Lakeland Drive		CITY Jackson	STATE MS	ZIP 39216
EMAIL sclark@mwcc.state.ms.us	SUBMIT DATE 6/3/2011	Name or number of rule(s) MWCC Procedural Rule 20, 21; General Rule 7; MWC Medical Fee Schedule, Dispute Resolution Rule II.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Procedural Rules 20 & 21 are being amended to require attorneys to include email addresses and fax numbers on pleadings and to keep the MWCC apprised of any changes to this contact information. General Rule 7(B)(10)(a) is being amended to reduce the premium deposit required from members of groups self insurance programs from 25% to 10%, and to make this deposit a permanent deposit. Fee Schedule, Dispute Resolution Rule II. is being amended to required notice to all other parties whenever a request for resolution of dispute is filed with the Commission.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §71-3-15(3); 71-3-47, 71-3-75(3); 71-3-85(5); MS Admin. Procedures Law

ORAL PROCEEDING:

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

X 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:

X Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES Action	FINAL ACTION ON RULES Action taken:
Original filing	proposed:	Adopted with no changes in text
Renewal of effectiveness	New rule(s)	Adopted with changes
To be in effect in days	X Amendment to existing rule(s)	Adopted by reference
Effective date:	Repeal of existing rule(s)	Withdrawn Repeal adopted as proposed
Immediately on	Adoption by reference	Effective date: 30 days after filing Other
Other (specify):	Proposed date of adoption:	(specify):
	XXX 25 days after filing Other (specify):	

Printed name and Title of person authorized to file rules: Scott Clark, Senior Attorney

Signature of person authorized to file rules: /s/ Scott Clark

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP



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Accepted for filing by

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