



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Labor and Training, Department of, Workers Compensation Unit
 1511 Pontiac Avenue, Cranston RI

2. Title of Rule

2014 RI Workers' Compensation Medical Fee Schedule

3. Statutory Source of Authority

RIGL 28-33-7

4. Concise Explanatory Statement - §42-35-2.6

Amended rules for the workers' compensation medical fee schedule in order to clarify rules under the revised fee schedule. There are no substantive changes between the proposed rule and final rule.

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p>	

Final Rules		
<p><input checked="" type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input type="checkbox"/> C. Technical Revision</p>	<p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p>	<p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p>
<p>Supersedes ERLID: 5714</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections: various sections</p>		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:06/20/2014
 Date of Public Hearing - §42-35-2.8:07/21/2014
 End of Comment Period - §42-35-2.8 :07/21/2014

7. Agency Additional Information - Web Page

<http://www.dlt.ri.gov/>

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public

Subscribed and sworn before me
 this _____ day of _____, _____