Michael Watson
SECRETARY OF STATE

SOS APA Form 001

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Workers' Compensation Commission	Anthony Schmidt	601-987-4284	
ADDRESS	CITY	STATE	ZIP
301 North Lamar Street	Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):	
aschmidt@mwcc.ms.gov	4/29/26	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 is reviewed and is now being updated every two years.

Specific legal authority authorizing the promulgation of rule:

Miss. Code. Ann. §71-3-15(3)

List all rules repealed, amended, or suspended by the proposed rule:

Fee Schedule was reviewed and updated, and multiple rules were amended. Changes to pharmacy section in adoption.

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

___ Original filing
_____ Renewal of effectiveness
To be in effect in__ days
Effective date:
___ Immediately upon filing
_____ Other (specify): _____

PROPOSED ACTION ON RULES

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): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 2/20/2026
Action taken:
_____ Adopted with no changes in text
_____ X Adopted with changes
_____ Adopted by reference
_____ Withdrawn
_____ Repeal adopted as proposed
Effective date:
_____ 30 days after filing
_____ X Other (specify): 6/1/2026

Printed name and Title of person authorized to file rules: Anthony Schmidt, Attorney
Signature of person authorized to file rules:

OFFICIAL FILING STAMP

Accepted for filing by

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP

Accepted for filing by

OFFICIAL FILING STAMP

Accepted for filing by 28607 YBA

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