

By: Representatives Barnett (92nd), Clarke,
Thomas, Rushing, Scott (80th)

To: Public Health and
Welfare; Appropriations

HOUSE BILL NO. 759

1 AN ACT TO CREATE THE TASK FORCE ON HEART DISEASE AND STROKE
2 PREVENTION; TO PROVIDE FOR THE MEMBERSHIP OF THE TASK FORCE; TO
3 PROVIDE FOR REGULAR MEETINGS OF THE TASK FORCE; TO ASSIGN THE TASK
4 FORCE TO THE STATE DEPARTMENT OF HEALTH FOR ADMINISTRATIVE
5 PURPOSES ONLY, AND PROVIDE THAT THE DEPARTMENT WILL DESIGNATE
6 STAFF TO ASSIST THE TASK FORCE; TO PROVIDE FOR REIMBURSEMENT OF
7 EXPENSES OF MEMBERS OF THE TASK FORCE; TO PRESCRIBE THE POWERS OF
8 THE TASK FORCE; TO REQUIRE THE TASK FORCE TO SUBMIT REGULAR
9 REPORTS TO THE LEGISLATURE AND THE GOVERNOR; AND FOR RELATED
10 PURPOSES.

11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

12 SECTION 1. The Legislature finds and declares:

13 (a) Cardiovascular disease, including heart disease and
14 stroke, are Mississippi's leading killers;

15 (b) Heart disease and stroke are major causes of
16 hospitalization, disability, and health care costs, and millions
17 of dollars were spent by Mississippians for heart failure and
18 shock, cerebrovascular disease, coronary bypass, cardiac
19 catheterization, and heart transplant alone;

20 (c) Heart disease and stroke are major preventable
21 killers in Mississippi;

22 (d) Risk factors for developing heart disease and
23 stroke are widespread (high blood pressure, high cholesterol,
24 physical inactivity, overweight, smoking, diabetes), and nearly
25 all can be reduced and/or prevented;

26 (e) Prevention of heart disease and stroke is a matter
27 of both state and local policy and of public concern, and
28 involving professionals from multiple disciplines and persons from
29 multiple sectors of society can increase the understanding of the

30 causes of and methods for preventing heart disease and stroke
31 among Mississippians;

32 (f) A planned, coordinated, comprehensive, joint public
33 and private statewide effort to reduce risk factors in all
34 population groups can markedly reduce this unnecessary burden of
35 heart disease and stroke in Mississippi; and

36 (g) It is the public policy of the State of Mississippi
37 to prevent unnecessary mortality, morbidity and costs from heart
38 disease and stroke whenever possible, so a task force dedicated to
39 heart disease and stroke education, prevention and treatment would
40 be beneficial to the citizens of this state.

41 SECTION 2. (1) There is created the Task Force on Heart
42 Disease and Stroke Prevention, which will be responsible for
43 making available state-of-the-art information on heart disease and
44 stroke education, prevention and treatment to health care
45 providers in Mississippi. The task force will serve as a
46 consensus group designed to coordinate efforts in heart disease
47 and stroke education, prevention and treatment.

48 (2) The task force will consist of fourteen (14) members.
49 Membership of the task force will include one (1) representative
50 from each of the following agencies, organizations or entities, as
51 designated by each respective agency, organization or entity:

52 (a) State Department of Health;

53 (b) State Department of Education;

54 (c) State Department of Health, Division of Emergency
55 Medical Services;

56 (d) American Heart Association (Southeast
57 Affiliate--Mississippi);

58 (e) Mississippi State Medical Association;

59 (f) Mississippi Nurses Association;

60 (g) Mississippi Hospital Association;

61 (h) Mississippi Stroke Education Consortium;

62 (i) Mississippi Chronic Illness Coalition;

63 (j) Mississippi Alliance for School Health; and

64 (k) Information and Quality Health Care.

65 (3) In addition to the members designated in subsection (2),
66 membership of the task force will consist of the following
67 persons:

68 (a) One (1) member of the Mississippi House of
69 Representatives, appointed by the Speaker of the House;

70 (b) One (1) member of the Mississippi Senate, appointed
71 by the Lieutenant Governor; and

72 (c) One (1) person appointed by the Governor.

73 (4) At its first meeting, the task force shall elect a
74 chairman and other necessary officers from among its membership.
75 The chairman and other officers shall be elected annually by the
76 task force. The task force shall adopt bylaws and rules for its
77 efficient operation. The task force may establish committees that
78 will be responsible for conducting specific task force programs or
79 activities.

80 (5) The task force shall meet and conduct business at least
81 quarterly. All meetings of the task force and any committees of
82 the task force will be open to the public, with opportunities for
83 public comment provided on a regular basis. Notice of all
84 meetings shall be given as provided in the Open Meetings Act
85 (Section 25-41-1 et seq.) and appropriate notice also shall be
86 given to all persons so requesting of the date, time and place of
87 each meeting. Eight (8) members of the task force will constitute
88 a quorum for the transaction of business.

89 (6) The task force is assigned to the State Department of
90 Health for administrative purposes only, and the department shall
91 designate staff to assist the task force. The task force will
92 have a line item in the budget of the State Department of Health
93 and will be financed through the department's annual
94 appropriation.

95 (7) Members of the task force who are not legislators, state
96 officials or state employees may be compensated at the per diem
97 rate authorized by Section 25-3-69 and may be reimbursed in
98 accordance with Section 25-3-41 for mileage and actual expenses
99 incurred in the performance of their duties. Legislative members
100 of the task force will be paid from the contingent expense funds
101 of their respective houses in the same manner as provided for
102 committee meetings when the Legislature is not in session.
103 However, legislative members will not be paid per diem or expenses
104 for attending meetings of the task force while the Legislature is
105 in session. No task force member may incur per diem, travel or
106 other expenses unless previously authorized by vote, at a meeting
107 of the task force, which action must be recorded in the official
108 minutes of the meeting. Nonlegislative members may be paid from
109 any funds made available to the task force for that purpose.

110 SECTION 3. (1) The Task Force on Heart Disease and Stroke
111 Prevention has the following duties:

112 (a) Undertake a statistical and qualitative examination
113 of the incidence and causes of heart disease and stroke deaths and
114 risks, including identification of subpopulations at highest risk
115 for developing heart disease and stroke, and establish a profile
116 of the social and economic burden of heart disease and stroke in
117 Mississippi;

118 (b) Publicize the profile of the heart disease and
119 stroke burden and its preventability in Mississippi;

120 (c) Identify priority strategies that are effective in
121 preventing and controlling risks for heart disease and stroke,
122 based on recommendations promulgated by the American Heart
123 Association and the American Stroke Association;

124 (d) Adopt and promote a statewide comprehensive heart
125 disease and stroke prevention plan to the general public, state
126 and local elected officials, various public and private

127 organizations and associations, business and industries, agencies,
128 potential funders and other community resources;

129 (e) Identify and facilitate specific commitments to
130 help implement the plan from the entities listed in paragraph (d);

131 (f) Facilitate coordination of and communication among
132 state and local agencies and organizations regarding current or
133 future involvement in achieving the aims of the plan;

134 (g) Receive and consider reports and testimony from
135 individuals, local health departments, community-based
136 organizations, voluntary health organizations, and other public
137 and private organizations statewide, to learn more about their
138 contributions to heart disease and stroke prevention, and their
139 ideas for improving heart disease and stroke prevention in
140 Mississippi;

141 (h) Determine the burden that delayed or inappropriate
142 heart disease and stroke treatment has on the quality of patients'
143 lives and on their financial resources;

144 (i) Study the economic impact of early heart disease
145 and stroke treatment, especially with regard to quality of care,
146 reimbursement issues and rehabilitation;

147 (j) Determine what constitutes high quality treatment
148 for heart disease and stroke, and adopt and disseminate guidelines
149 for the treatment of heart disease and stroke patients throughout
150 the state; and

151 (k) Complete a detailed and specific plan of action for
152 the State of Mississippi, and begin implementing the plan.

153 (2) The task force shall submit a preliminary report to the
154 Legislature and the Governor within six (6) months of the first
155 meeting; an interim report during the 2002 Regular Session of the
156 Legislature; and a final report by December 1, 2002. The reports
157 shall address the plans, actions and resources needed to achieve
158 its accomplishment, and progress in achieving implementation of
159 the plan to reduce the occurrence of and burden from heart disease

160 and stroke in Mississippi. The reports shall include an
161 accounting of funds expended and anticipated funding needs for
162 full implementation of recommended plans and programs. The task
163 force will continue to submit reports to the Legislature and the
164 Governor every six (6) months, updating the progress of
165 implementing the state plan.

166 SECTION 4. This act shall take effect and be in force from
167 and after July 1, 2001.