

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

To: Public Health and
Welfare; Appropriations

HOUSE BILL NO. 759
(As Sent to Governor)

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. (1) There is created the Task Force on Heart
13 Disease and Stroke Prevention, which will be responsible for
14 making available state-of-the-art information on heart disease and
15 stroke education, prevention and treatment to health care
16 providers in Mississippi. The task force will serve as a
17 consensus group designed to coordinate efforts in heart disease
18 and stroke education, prevention and treatment.

19 (2) The task force will consist of eighteen (18) members.
20 Membership of the task force will include one (1) representative
21 from each of the following agencies, organizations or entities, as
22 designated by each respective agency, organization or entity:

- 23 (a) State Department of Health;
- 24 (b) State Department of Education;
- 25 (c) Division of Medicaid, Office of the Governor;
- 26 (d) State Department of Health, Division of Emergency
27 Medical Services;
- 28 (e) American Heart Association (Southeast Affiliate -
29 Mississippi);
- 30 (f) Mississippi State Medical Association;

- 31 (g) Mississippi Nurses Association;
32 (h) Mississippi Hospital Association;
33 (i) Mississippi Primary Health Care Association;
34 (j) Mississippi Stroke Education Consortium;
35 (k) Mississippi Chronic Illness Coalition;
36 (l) Mississippi Alliance for School Health;
37 (m) Information and Quality Health Care;
38 (n) Mississippi Association of Health System

39 Pharmacists; and

- 40 (o) Health Research and Educational Foundation, Inc.

41 (3) In addition to the members designated in subsection (2),
42 membership of the task force will consist of the following
43 persons:

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

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

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

49 (4) At its first meeting, the task force shall elect a
50 chairman and other necessary officers from among its membership.
51 The chairman and other officers shall be elected annually by the
52 task force. The task force shall adopt bylaws and rules for its
53 efficient operation. The task force may establish committees that
54 will be responsible for conducting specific task force programs or
55 activities.

56 (5) The task force shall meet and conduct business at least
57 quarterly. All meetings of the task force and any committees of
58 the task force will be open to the public, with opportunities for
59 public comment provided on a regular basis. Notice of all
60 meetings shall be given as provided in the Open Meetings Act
61 (Section 25-41-1 et seq.) and appropriate notice also shall be
62 given to all persons so requesting of the date, time and place of

63 each meeting. Ten (10) members of the task force will constitute
64 a quorum for the transaction of business.

65 (6) The task force is assigned to the State Department of
66 Health for administrative purposes only, and the department shall
67 designate staff to assist the task force. The task force will
68 have a line item in the budget of the State Department of Health
69 and will be financed through the department's annual
70 appropriation.

71 (7) Members of the task force who are not legislators, state
72 officials or state employees may be compensated at the per diem
73 rate authorized by Section 25-3-69 and may be reimbursed in
74 accordance with Section 25-3-41 for mileage and actual expenses
75 incurred in the performance of their duties. Legislative members
76 of the task force will be paid from the contingent expense funds
77 of their respective houses in the same manner as provided for
78 committee meetings when the Legislature is not in session.
79 However, legislative members will not be paid per diem or expenses
80 for attending meetings of the task force while the Legislature is
81 in session. No task force member may incur per diem, travel or
82 other expenses unless previously authorized by vote, at a meeting
83 of the task force, which action must be recorded in the official
84 minutes of the meeting. Nonlegislative members may be paid from
85 any funds made available to the task force for that purpose.

86 SECTION 2. (1) The Task Force on Heart Disease and Stroke
87 Prevention has the following duties:

88 (a) Undertake a statistical and qualitative examination
89 of the incidence and causes of heart disease and stroke deaths and
90 risks, including identification of subpopulations at highest risk
91 for developing heart disease and stroke, and establish a profile
92 of the social and economic burden of heart disease and stroke in
93 Mississippi;

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

96 (c) Identify priority strategies that are effective in
97 preventing and controlling risks for heart disease and stroke,
98 based on recommendations promulgated by the American Heart
99 Association and the American Stroke Association;

100 (d) Adopt and promote a statewide comprehensive heart
101 disease and stroke prevention plan to the general public, state
102 and local elected officials, various public and private
103 organizations and associations, business and industries, agencies,
104 potential funders and other community resources;

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

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

110 (g) Receive and consider reports and testimony from
111 individuals, local health departments, community-based
112 organizations, voluntary health organizations, and other public
113 and private organizations statewide, to learn more about their
114 contributions to heart disease and stroke prevention, and their
115 ideas for improving heart disease and stroke prevention in
116 Mississippi;

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

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

123 (j) Determine what constitutes high quality treatment
124 for heart disease and stroke, and adopt and disseminate guidelines
125 for the treatment of heart disease and stroke patients throughout
126 the state; and

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

129 (2) The task force shall submit a preliminary report to the
130 Legislature and the Governor within six (6) months of the first
131 meeting; an interim report during the 2002 Regular Session of the
132 Legislature; and a final report by December 1, 2002. The reports
133 shall address the plans, actions and resources needed to achieve
134 its accomplishment, and progress in achieving implementation of
135 the plan to reduce the occurrence of and burden from heart disease
136 and stroke in Mississippi. The reports shall include an
137 accounting of funds expended and anticipated funding needs for
138 full implementation of recommended plans and programs. The task
139 force will continue to submit reports to the Legislature and the
140 Governor every six (6) months, updating the progress of
141 implementing the state plan.

142 SECTION 3. This act shall take effect and be in force from
143 and after July 1, 2001.