

By: Representative Barnett

To: Public Health and Human Services

HOUSE BILL NO. 1184

1 AN ACT TO AMEND SECTION 41-103-1, MISSISSIPPI CODE OF 1972,
2 TO EXPAND THE MEMBERSHIP OF THE TASK FORCE ON HEART DISEASE AND
3 STROKE PREVENTION; TO AMEND SECTION 41-103-3, MISSISSIPPI CODE OF
4 1972, TO PROVIDE THAT THE TASK FORCE SHALL SUBMIT REPORTS ANNUALLY
5 TO THE LEGISLATURE AND THE GOVERNOR ON THE PROGRESS OF THE TASK
6 FORCE IN ACHIEVING IMPLEMENTATION OF THE PLAN TO REDUCE THE
7 OCCURRENCE OF HEART DISEASE AND STROKE IN MISSISSIPPI; AND FOR
8 RELATED PURPOSES.

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

10 **SECTION 1.** Section 41-103-1, Mississippi Code of 1972, is
11 amended as follows:

12 41-103-1. (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 nineteen (19) 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) University of Mississippi Medical Center;
- 29 (f) American Heart Association (Southeast Affiliate -
30 Mississippi);

- 31 (g) Mississippi State Medical Association;
32 (h) Mississippi Nurses Association;
33 (i) Mississippi Hospital Association;
34 (j) Mississippi Primary Health Care Association;

35 * * *

- 36 (k) Mississippi Chronic Illness Coalition;
37 (l) Mississippi Alliance for School Health;
38 (m) Information and Quality Health Care;
39 (n) Mississippi Association of Health System

40 Pharmacists; * * *

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

42 and

- 43 (p) Association of Black Cardiologists.

44 (3) In addition to the members designated in subsection (2),
45 membership of the task force will consist of the following
46 persons:

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

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

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

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

59 (5) The task force shall meet and conduct business at least
60 quarterly. All meetings of the task force and any committees of
61 the task force will be open to the public, with opportunities for
62 public comment provided on a regular basis. Notice of all
63 meetings shall be given as provided in the Open Meetings Act

64 (Section 25-41-1 et seq.) and appropriate notice also shall be
65 given to all persons so requesting of the date, time and place of
66 each meeting. Ten (10) members of the task force will constitute
67 a quorum for the transaction of business.

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

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

89 **SECTION 2.** Section 41-103-3, Mississippi Code of 1972, is
90 amended as follows:

91 41-103-3. (1) The Task Force on Heart Disease and Stroke
92 Prevention has the following duties:

93 (a) Undertake a statistical and qualitative examination
94 of the incidence and causes of heart disease and stroke deaths and
95 risks, including identification of subpopulations at highest risk
96 for developing heart disease and stroke, and establish a profile

97 of the social and economic burden of heart disease and stroke in
98 Mississippi;

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

101 (c) Identify priority strategies that are effective in
102 preventing and controlling risks for heart disease and stroke,
103 based on recommendations promulgated by the American Heart
104 Association and the American Stroke Association;

105 (d) Adopt and promote a statewide comprehensive heart
106 disease and stroke prevention plan to the general public, state
107 and local elected officials, various public and private
108 organizations and associations, business and industries, agencies,
109 potential funders and other community resources;

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

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

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

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

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

128 (j) Determine what constitutes high quality treatment
129 for heart disease and stroke, and adopt and disseminate guidelines

130 for the treatment of heart disease and stroke patients throughout
131 the state; and

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

134 (2) The task force shall submit * * * reports annually to
135 the Legislature and the Governor on the progress of the task force
136 in achieving implementation of the plan to reduce the occurrence
137 of and burden from heart disease and stroke in Mississippi. The
138 reports shall include an accounting of funds expended and
139 anticipated funding needs for full implementation of recommended
140 plans and programs. * * *

141 **SECTION 3.** This act shall take effect and be in force from
142 and after July 1, 2004.