

By: Representatives Coleman (65th), Flaggs,
Fredericks

To: Public Health and Human
Services; Appropriations

HOUSE BILL NO. 1316

1 AN ACT TO DIRECT THE DEPARTMENT OF HEALTH TO DEVELOP A
2 MISSISSIPPI HEALTHY PEOPLE 2010 PROGRAM BASED UPON THE FEDERAL
3 HEALTHY PEOPLE 2010 PROGRAM, DESIGNED TO IMPROVE THE HEALTH OF ALL
4 MISSISSIPPIANS; TO SPECIFY THE GOALS OF THE PROGRAM; TO REQUIRE
5 THE DEPARTMENT TO REPORT ANNUALLY TO THE LEGISLATURE ON THE
6 PROGRESS IN MEETING THE PROGRAM'S GOALS AND ON THE STATUS OF
7 DISPARITIES IN HEALTH AMONG MINORITIES AND NONMINORITIES; TO
8 REQUIRE THE DEPARTMENT TO WORK WITH MINORITY PHYSICIAN NETWORKS TO
9 DEVELOP PROGRAMS TO EDUCATE HEALTH CARE PROFESSIONALS ABOUT THE
10 IMPORTANCE OF CULTURE IN HEALTH STATUS; TO REQUIRE THE DEPARTMENT
11 TO WORK WITH THE ESTABLISHMENT OF PUBLIC AND PRIVATE PARTNERSHIPS
12 WITH CHARITABLE ORGANIZATIONS, HOSPITALS, AND MINORITY PHYSICIAN
13 NETWORKS TO INCREASE THE PROPORTION OF HEALTH CARE PROFESSIONALS
14 FROM MINORITY BACKGROUNDS; TO REQUIRE THE DEPARTMENT TO WORK WITH
15 AND PROMOTE RESEARCH ON METHODS BY WHICH TO REDUCE DISPARITIES IN
16 HEALTH CARE AT COLLEGES AND UNIVERSITIES THAT HAVE HISTORICALLY
17 LARGE MINORITY ENROLLMENTS; TO DIRECT THE DIVISION OF MEDICAID TO
18 CONTRACT WITH AN ESTABLISHED MINORITY PHYSICIAN NETWORK THAT
19 PROVIDES SERVICES TO HISTORICALLY UNDERSERVED MINORITY PATIENTS;
20 TO REQUIRE THE DIVISION TO PROVIDE FOR THE DEVELOPMENT AND
21 EXPANSION OF MINORITY PHYSICIAN NETWORKS IN EACH SERVICE AREA TO
22 PROVIDE SERVICES TO MEDICAID RECIPIENTS; AND FOR RELATED PURPOSES.

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

24 **SECTION 1.** For the purposes of this act, the following terms
25 shall be defined as follows:

26 (a) "Minority-owned" means at least fifty-one percent
27 (51%) owned by minority persons who are members of an insular
28 group that is of a particular racial, ethnic, or gender makeup or
29 national origin, which has been subjected historically to
30 disparate treatment due to identification in and with that group
31 resulting in an underrepresentation of commercial or professional
32 enterprises under the group's control, and whose management and
33 daily operations are controlled by those persons.

34 (b) "Minority person" means a lawful, permanent
35 resident of Mississippi who is:

36 (i) An African American, which is a person having
37 origins in any of the racial groups of the African Diaspora;

38 (ii) A Hispanic American, which is a person of
39 Spanish or Portuguese culture with origins in Spain, Portugal,
40 Mexico, South America, Central America, or the Caribbean,
41 regardless of race;

42 (iii) An Asian American, which is a person having
43 origins in any of the original peoples of the Far East, Southeast
44 Asia, the Indian Subcontinent, or the Pacific Islands, including
45 the Hawaiian Islands before 1778;

46 (iv) A Native American, which is a person who has
47 origins in any of the Indian Tribes of North America before 1835;
48 or

49 (v) An American woman.

50 (c) "Minority physician network" means a network of
51 primary care physicians that is predominantly minority-owned,
52 which has a collaborative partnership with a public college or
53 university and a tax-exempt charitable corporation.

54 **SECTION 2.** (1) The State Department of Health shall develop
55 and implement, using existing resources, the Mississippi Healthy
56 People 2010 Program, based upon the federal Healthy People 2010
57 Program, designed to improve the health of all Mississippians by
58 advancing the following goals:

59 (a) Increasing the quality and years of healthy life;
60 and

61 (b) Eliminating health disparities among different
62 segments of the population.

63 (2) The department shall report to the Legislature by
64 December 31 of each year on the progress in meeting the program's
65 goals and on the status of disparities in health among minorities
66 and nonminorities, using health indicators that are consistent
67 with those identified by the federal Healthy People 2010 Program.

68 (3) To reduce negative health consequences that result from
69 ignoring racial and ethnic cultures, the department shall work
70 with minority physician networks, as defined in Section 2 of this

71 act, to develop programs to educate health care professionals
72 about the importance of culture in health status. These programs
73 shall include, but need not be limited to:

74 (a) The education of health care providers about the
75 prevalence of specific health conditions among certain minority
76 groups;

77 (b) The training of clinicians to be sensitive to
78 cultural diversity among patients and to recognize that inherent
79 biases can lead to disparate treatments;

80 (c) The creation of initiatives that educate
81 private-sector health care and managed care organizations about
82 the importance of cross-cultural training of health care
83 professionals and the effect of that training on the
84 professional-patient relationship; and

85 (d) The fostering of increased use of interpreter
86 services in health care settings.

87 (4) The department shall work with the establishment of
88 public and private partnerships with charitable organizations,
89 hospitals, and minority physician networks to increase the
90 proportion of health care professionals from minority backgrounds.

91 (5) The department shall work with and promote research on
92 methods by which to reduce disparities in health care at colleges
93 and universities that have historically large minority
94 enrollments, including centers of excellence in this state
95 identified by the National Center on Minority Health and Health
96 Disparities, by working with the colleges, universities, and
97 community representatives to encourage local minority students to
98 pursue professions in health care.

99 **SECTION 3.** (1) The Division of Medicaid shall contract with
100 an established minority physician network that provides services
101 to historically underserved minority patients. The network must
102 provide cost-effective Medicaid services and provide its primary
103 care physicians with access to data and other management tools

104 necessary to assist them in ensuring the appropriate use of
105 services, including inpatient hospital services and
106 pharmaceuticals.

107 (2) The division shall provide for the development and
108 expansion of minority physician networks in each service area to
109 provide services to Medicaid recipients who are eligible to
110 participate under federal law and rules.

111 (3) The division shall reimburse the minority physician
112 network as a fee-for-service provider for Medicaid services and
113 shall also pay a case-management fee for primary care. Any
114 savings shall be divided, with one-half (1/2) going to the
115 minority physician network and one-half (1/2) going to the
116 division.

117 **SECTION 4.** This act shall take effect and be in force from
118 and after July 1, 2004.