

By: Senator(s) Mettetal

To: Public Health and Welfare

SENATE BILL NO. 2314

1 AN ACT TO AMEND SECTIONS 41-103-1 AND 41-103-3, MISSISSIPPI  
2 CODE OF 1972, TO REVISE THE MEMBERSHIP OF THE TASK FORCE ON HEART  
3 DISEASE AND STROKE PREVENTION AND TO CLARIFY THE REPORTING  
4 REQUIREMENT OF THE TASK FORCE; AND FOR RELATED PURPOSES.

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

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

8 41-103-1. (1) There is created the Task Force on Heart  
9 Disease and Stroke Prevention, which will be responsible for  
10 making available state-of-the-art information on heart disease and  
11 stroke education, prevention and treatment to health care  
12 providers in Mississippi. The task force will serve as a  
13 consensus group designed to coordinate efforts in heart disease  
14 and stroke education, prevention and treatment.

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

- 19 (a) State Department of Health;
- 20 (b) State Department of Education;
- 21 (c) Division of Medicaid, Office of the Governor;
- 22 (d) State Department of Health, Division of Emergency  
23 Medical Services;
- 24 (e) American Heart Association (Southeast Affiliate -  
25 Mississippi);
- 26 (f) Mississippi State Medical Association;
- 27 (g) Mississippi Nurses Association;
- 28 (h) Mississippi Hospital Association;



- 29 (i) Mississippi Primary Health Care Association;  
30 (j) Mississippi Stroke Education Consortium;  
31 (k) Mississippi Chronic Illness Coalition;  
32 (l) Mississippi Alliance for School Health;  
33 (m) Information and Quality Health Care;  
34 (n) Mississippi Association of Health System

35 Pharmacists; \* \* \*

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

37 and

- 38 (p) Association of Black Cardiologists.

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

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

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

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

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

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



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

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

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

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

86 41-103-3. (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; a second report during the 2002 Regular Session of the  
132 Legislature; and a third 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 on an annual basis, updating the progress of implementing  
141 the state plan.

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

