

By: Senator(s) Brown

To: Public Health and Welfare

SENATE BILL NO. 2070

1 AN ACT TO REQUIRE ADULT APPLICANTS FOR PUBLIC BENEFITS IN
 2 MISSISSIPPI TO VERIFY UNITED STATES CITIZENSHIP OR LAWFUL
 3 RESIDENCE IN ORDER TO BE ELIGIBLE; TO PROVIDE PROCEDURES AND
 4 EXCEPTIONS FOR SUCH VERIFICATION; TO PROVIDE CRIMINAL PENALTIES
 5 FOR WILLFUL VIOLATIONS OF LAWFUL PRESENCE REQUIREMENTS; TO MAKE IT
 6 UNLAWFUL FOR ANY STATE AGENCY TO PROVIDE ANY PUBLIC BENEFIT IN
 7 VIOLATION OF LAWFUL PRESENCE REQUIREMENTS; TO AMEND SECTIONS
 8 43-13-115, 43-17-1, 71-5-511 and 43-33-15, MISSISSIPPI CODE OF
 9 1972, TO SPECIFICALLY REQUIRE THE DIVISION OF MEDICAID, THE
 10 DEPARTMENT OF HUMAN SERVICES, THE OFFICE OF EMPLOYMENT SECURITY
 11 AND THE MISSISSIPPI HOUSING AUTHORITIES TO REQUIRE APPLICANTS OF
 12 PUBLIC ASSISTANCE PROGRAMS TO VERIFY LAWFUL PRESENCE AS REQUIRED
 13 UNDER THIS ACT; AND FOR RELATED PURPOSES.

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

15 **SECTION 1.** (1) Except as provided in subsection (3) of this
 16 section or where exempted by federal law, on or after July 1,
 17 2007, every agency or a political subdivision of this state shall
 18 verify the lawful presence in the United States of any natural
 19 person eighteen (18) years of age or older who has applied for
 20 state or local public benefits, as defined in 8 USC, Section 1621,
 21 or for federal public benefits, as defined in 8 USC, Section 1611,
 22 that is administered by an agency or a political subdivision of
 23 this state.

24 (2) This section shall be enforced without regard to race,
 25 religion, gender, ethnicity or national origin.

26 (3) Verification of lawful presence under this section shall
 27 not be required:

28 (a) For any purpose for which lawful presence in the
 29 United States is not required by law, ordinance or regulation;

30 (b) For assistance for health care items and services
 31 that are necessary for the treatment of an emergency medical
 32 condition, as defined in 42 USC, Section 1396b(v)(3), of the

33 alien involved and are not related to an organ transplant
34 procedure;

35 (c) For short-term, noncash, in-kind emergency disaster
36 relief;

37 (d) For public health assistance for immunizations with
38 respect to immunizable diseases and for testing and treatment of
39 symptoms of communicable diseases whether or not such symptoms are
40 caused by a communicable disease;

41 (e) For programs, services, or assistance such as soup
42 kitchens, crisis counseling and intervention, and short-term
43 shelter specified by the United States Attorney General, in the
44 United States Attorney General's sole and unreviewable discretion
45 after consultation with appropriate federal agencies and
46 departments, which:

47 (i) Deliver in-kind services at the community
48 level, including through public or private nonprofit agencies;

49 (ii) Do not condition the provision of assistance,
50 the amount of assistance provided, or the cost of assistance
51 provided on the individual recipient's income or resources; and

52 (iii) Are necessary for the protection of life or
53 safety;

54 (f) For prenatal care; or

55 (g) For postsecondary education, whereby the Board of
56 Trustees of State Institutions of Higher Learning on the State
57 Board for Community and Junior Colleges shall set forth, or cause
58 to be set forth, policies regarding postsecondary benefits that
59 comply with all federal law, including, but not limited to, public
60 benefits as described in 8 USC, Section 1611, 1621 or 1623.

61 (4) Verification of lawful presence in the United States by
62 the agency or political subdivision required to make such
63 verification shall occur as follows:

64 (a) The applicant must execute an affidavit that he or
65 she is a United States citizen or legal permanent resident and is
66 eighteen (18) years of age or older; or

67 (b) The applicant must execute an affidavit that he or
68 she is a qualified alien or nonimmigrant under the federal
69 Immigration and Nationality Act, is eighteen (18) years of age or
70 older, and is lawfully present in the United States.

71 (5) For any applicant who has executed an affidavit that he
72 or she is an alien lawfully present in the United States,
73 eligibility for benefits shall be made through the Systematic
74 Alien Verification of Entitlement (SAVE) program operated by the
75 United States Department of Homeland Security or a successor
76 program designated by the United States Department of Homeland
77 Security. Until such eligibility verification is made, the
78 affidavit may be presumed to be proof of lawful presence for the
79 purposes of this section.

80 (6) Any person who knowingly and willfully makes a false,
81 fictitious, or fraudulent statement of representation in an
82 affidavit executed pursuant to subsection (4) of this section
83 shall be guilty of a misdemeanor.

84 (7) Agencies or political subdivisions of this state may
85 adopt variations to the requirements of this section to improve
86 efficiency or reduce delay in the verification process or to
87 provide for adjudication of unique individual circumstances where
88 the verification procedures in this section would impose unusual
89 hardship on a legal resident of Mississippi.

90 (8) It shall be unlawful for any agency or a political
91 subdivision of this state to provide any state, local, or federal
92 benefit, as defined in 8 USC, Section 1621 or 8 USC, Section
93 1611, in violation of this section. Each state agency or
94 department which administers any program of state or local public
95 benefits shall provide an annual report with respect to
96 its compliance with this section.

97 (9) Any and all errors and significant delays caused by
98 complying with this section shall be reported to the Governor who
99 will monitor verification application errors and significant
100 delays and report yearly on such errors and significant delays to
101 ensure that the application of this section is not wrongfully
102 denying benefits to legal residents of Mississippi.

103 **SECTION 2.** Section 43-13-115, Mississippi Code of 1972, is
104 amended as follows:

105 43-13-115. Recipients of Medicaid shall be the following
106 persons only:

107 (1) Those who are qualified for public assistance
108 grants under provisions of Title IV-A and E of the federal Social
109 Security Act, as amended, including those statutorily deemed to be
110 IV-A and low-income families and children under Section 1931 of
111 the federal Social Security Act. For the purposes of this
112 paragraph (1) and paragraphs (8), (17) and (18) of this section,
113 any reference to Title IV-A or to Part A of Title IV of the
114 federal Social Security Act, as amended, or the state plan under
115 Title IV-A or Part A of Title IV, shall be considered as a
116 reference to Title IV-A of the federal Social Security Act, as
117 amended, and the state plan under Title IV-A, including the income
118 and resource standards and methodologies under Title IV-A and the
119 state plan, as they existed on July 16, 1996. The Department of
120 Human Services shall determine Medicaid eligibility for children
121 receiving public assistance grants under Title IV-E. The division
122 shall determine eligibility for low-income families under Section
123 1931 of the federal Social Security Act and shall redetermine
124 eligibility for those continuing under Title IV-A grants.

125 (2) Those qualified for Supplemental Security Income
126 (SSI) benefits under Title XVI of the federal Social Security Act,
127 as amended, and those who are deemed SSI eligible as contained in
128 federal statute. The eligibility of individuals covered in this

129 paragraph shall be determined by the Social Security
130 Administration and certified to the Division of Medicaid.

131 (3) Qualified pregnant women who would be eligible for
132 Medicaid as a low-income family member under Section 1931 of the
133 federal Social Security Act if her child were born. The
134 eligibility of the individuals covered under this paragraph shall
135 be determined by the division.

136 (4) [Deleted]

137 (5) A child born on or after October 1, 1984, to a
138 woman eligible for and receiving Medicaid under the state plan on
139 the date of the child's birth shall be deemed to have applied for
140 Medicaid and to have been found eligible for Medicaid under the
141 plan on the date of that birth, and will remain eligible for
142 Medicaid for a period of one (1) year so long as the child is a
143 member of the woman's household and the woman remains eligible for
144 Medicaid or would be eligible for Medicaid if pregnant. The
145 eligibility of individuals covered in this paragraph shall be
146 determined by the Division of Medicaid.

147 (6) Children certified by the State Department of Human
148 Services to the Division of Medicaid of whom the state and county
149 departments of human services have custody and financial
150 responsibility, and children who are in adoptions subsidized in
151 full or part by the Department of Human Services, including
152 special needs children in non-Title IV-E adoption assistance, who
153 are approvable under Title XIX of the Medicaid program. The
154 eligibility of the children covered under this paragraph shall be
155 determined by the State Department of Human Services.

156 (7) Persons certified by the Division of Medicaid who
157 are patients in a medical facility (nursing home, hospital,
158 tuberculosis sanatorium or institution for treatment of mental
159 diseases), and who, except for the fact that they are patients in
160 that medical facility, would qualify for grants under Title IV,
161 Supplementary Security Income (SSI) benefits under Title XVI or

162 state supplements, and those aged, blind and disabled persons who
163 would not be eligible for Supplemental Security Income (SSI)
164 benefits under Title XVI or state supplements if they were not
165 institutionalized in a medical facility but whose income is below
166 the maximum standard set by the Division of Medicaid, which
167 standard shall not exceed that prescribed by federal regulation.

168 (8) Children under eighteen (18) years of age and
169 pregnant women (including those in intact families) who meet the
170 financial standards of the state plan approved under Title IV-A of
171 the federal Social Security Act, as amended. The eligibility of
172 children covered under this paragraph shall be determined by the
173 Division of Medicaid.

174 (9) Individuals who are:

175 (a) Children born after September 30, 1983, who
176 have not attained the age of nineteen (19), with family income
177 that does not exceed one hundred percent (100%) of the nonfarm
178 official poverty level;

179 (b) Pregnant women, infants and children who have
180 not attained the age of six (6), with family income that does not
181 exceed one hundred thirty-three percent (133%) of the federal
182 poverty level; and

183 (c) Pregnant women and infants who have not
184 attained the age of one (1), with family income that does not
185 exceed one hundred eighty-five percent (185%) of the federal
186 poverty level.

187 The eligibility of individuals covered in (a), (b) and (c) of
188 this paragraph shall be determined by the division.

189 (10) Certain disabled children age eighteen (18) or
190 under who are living at home, who would be eligible, if in a
191 medical institution, for SSI or a state supplemental payment under
192 Title XVI of the federal Social Security Act, as amended, and
193 therefore for Medicaid under the plan, and for whom the state has
194 made a determination as required under Section 1902(e)(3)(b) of

195 the federal Social Security Act, as amended. The eligibility of
196 individuals under this paragraph shall be determined by the
197 Division of Medicaid.

198 (11) Until the end of the day on December 31, 2005,
199 individuals who are sixty-five (65) years of age or older or are
200 disabled as determined under Section 1614(a)(3) of the federal
201 Social Security Act, as amended, and whose income does not exceed
202 one hundred thirty-five percent (135%) of the nonfarm official
203 poverty level as defined by the Office of Management and Budget
204 and revised annually, and whose resources do not exceed those
205 established by the Division of Medicaid. The eligibility of
206 individuals covered under this paragraph shall be determined by
207 the Division of Medicaid. After December 31, 2005, only those
208 individuals covered under the 1115(c) Healthier Mississippi waiver
209 will be covered under this category.

210 Any individual who applied for Medicaid during the period
211 from July 1, 2004, through March 31, 2005, who otherwise would
212 have been eligible for coverage under this paragraph (11) if it
213 had been in effect at the time the individual submitted his or her
214 application and is still eligible for coverage under this
215 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
216 coverage under this paragraph (11) from March 31, 2005, through
217 December 31, 2005. The division shall give priority in processing
218 the applications for those individuals to determine their
219 eligibility under this paragraph (11).

220 (12) Individuals who are qualified Medicare
221 beneficiaries (QMB) entitled to Part A Medicare as defined under
222 Section 301, Public Law 100-360, known as the Medicare
223 Catastrophic Coverage Act of 1988, and whose income does not
224 exceed one hundred percent (100%) of the nonfarm official poverty
225 level as defined by the Office of Management and Budget and
226 revised annually.

227 The eligibility of individuals covered under this paragraph
228 shall be determined by the Division of Medicaid, and those
229 individuals determined eligible shall receive Medicare
230 cost-sharing expenses only as more fully defined by the Medicare
231 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
232 1997.

233 (13) (a) Individuals who are entitled to Medicare Part
234 A as defined in Section 4501 of the Omnibus Budget Reconciliation
235 Act of 1990, and whose income does not exceed one hundred twenty
236 percent (120%) of the nonfarm official poverty level as defined by
237 the Office of Management and Budget and revised annually.
238 Eligibility for Medicaid benefits is limited to full payment of
239 Medicare Part B premiums.

240 (b) Individuals entitled to Part A of Medicare,
241 with income above one hundred twenty percent (120%), but less than
242 one hundred thirty-five percent (135%) of the federal poverty
243 level, and not otherwise eligible for Medicaid Eligibility for
244 Medicaid benefits is limited to full payment of Medicare Part B
245 premiums. The number of eligible individuals is limited by the
246 availability of the federal capped allocation at one hundred
247 percent (100%) of federal matching funds, as more fully defined in
248 the Balanced Budget Act of 1997.

249 The eligibility of individuals covered under this paragraph
250 shall be determined by the Division of Medicaid.

251 (14) [Deleted]

252 (15) Disabled workers who are eligible to enroll in
253 Part A Medicare as required by Public Law 101-239, known as the
254 Omnibus Budget Reconciliation Act of 1989, and whose income does
255 not exceed two hundred percent (200%) of the federal poverty level
256 as determined in accordance with the Supplemental Security Income
257 (SSI) program. The eligibility of individuals covered under this
258 paragraph shall be determined by the Division of Medicaid and

259 those individuals shall be entitled to buy-in coverage of Medicare
260 Part A premiums only under the provisions of this paragraph (15).

261 (16) In accordance with the terms and conditions of
262 approved Title XIX waiver from the United States Department of
263 Health and Human Services, persons provided home- and
264 community-based services who are physically disabled and certified
265 by the Division of Medicaid as eligible due to applying the income
266 and deeming requirements as if they were institutionalized.

267 (17) In accordance with the terms of the federal
268 Personal Responsibility and Work Opportunity Reconciliation Act of
269 1996 (Public Law 104-193), persons who become ineligible for
270 assistance under Title IV-A of the federal Social Security Act, as
271 amended, because of increased income from or hours of employment
272 of the caretaker relative or because of the expiration of the
273 applicable earned income disregards, who were eligible for
274 Medicaid for at least three (3) of the six (6) months preceding
275 the month in which the ineligibility begins, shall be eligible for
276 Medicaid for up to twelve (12) months. The eligibility of the
277 individuals covered under this paragraph shall be determined by
278 the division.

279 (18) Persons who become ineligible for assistance under
280 Title IV-A of the federal Social Security Act, as amended, as a
281 result, in whole or in part, of the collection or increased
282 collection of child or spousal support under Title IV-D of the
283 federal Social Security Act, as amended, who were eligible for
284 Medicaid for at least three (3) of the six (6) months immediately
285 preceding the month in which the ineligibility begins, shall be
286 eligible for Medicaid for an additional four (4) months beginning
287 with the month in which the ineligibility begins. The eligibility
288 of the individuals covered under this paragraph shall be
289 determined by the division.

290 (19) Disabled workers, whose incomes are above the
291 Medicaid eligibility limits, but below two hundred fifty percent

292 (250%) of the federal poverty level, shall be allowed to purchase
293 Medicaid coverage on a sliding fee scale developed by the Division
294 of Medicaid.

295 (20) Medicaid eligible children under age eighteen (18)
296 shall remain eligible for Medicaid benefits until the end of a
297 period of twelve (12) months following an eligibility
298 determination, or until such time that the individual exceeds age
299 eighteen (18).

300 (21) Women of childbearing age whose family income does
301 not exceed one hundred eighty-five percent (185%) of the federal
302 poverty level. The eligibility of individuals covered under this
303 paragraph (21) shall be determined by the Division of Medicaid,
304 and those individuals determined eligible shall only receive
305 family planning services covered under Section 43-13-117(13) and
306 not any other services covered under Medicaid. However, any
307 individual eligible under this paragraph (21) who is also eligible
308 under any other provision of this section shall receive the
309 benefits to which he or she is entitled under that other
310 provision, in addition to family planning services covered under
311 Section 43-13-117(13).

312 The Division of Medicaid shall apply to the United States
313 Secretary of Health and Human Services for a federal waiver of the
314 applicable provisions of Title XIX of the federal Social Security
315 Act, as amended, and any other applicable provisions of federal
316 law as necessary to allow for the implementation of this paragraph
317 (21). The provisions of this paragraph (21) shall be implemented
318 from and after the date that the Division of Medicaid receives the
319 federal waiver.

320 (22) Persons who are workers with a potentially severe
321 disability, as determined by the division, shall be allowed to
322 purchase Medicaid coverage. The term "worker with a potentially
323 severe disability" means a person who is at least sixteen (16)
324 years of age but under sixty-five (65) years of age, who has a

325 physical or mental impairment that is reasonably expected to cause
326 the person to become blind or disabled as defined under Section
327 1614(a) of the federal Social Security Act, as amended, if the
328 person does not receive items and services provided under
329 Medicaid.

330 The eligibility of persons under this paragraph (22) shall be
331 conducted as a demonstration project that is consistent with
332 Section 204 of the Ticket to Work and Work Incentives Improvement
333 Act of 1999, Public Law 106-170, for a certain number of persons
334 as specified by the division. The eligibility of individuals
335 covered under this paragraph (22) shall be determined by the
336 Division of Medicaid.

337 (23) Children certified by the Mississippi Department
338 of Human Services for whom the state and county departments of
339 human services have custody and financial responsibility who are
340 in foster care on their eighteenth birthday as reported by the
341 Mississippi Department of Human Services shall be certified
342 Medicaid eligible by the Division of Medicaid until their
343 twenty-first birthday.

344 (24) Individuals who have not attained age sixty-five
345 (65), are not otherwise covered by creditable coverage as defined
346 in the Public Health Services Act, and have been screened for
347 breast and cervical cancer under the Centers for Disease Control
348 and Prevention Breast and Cervical Cancer Early Detection Program
349 established under Title XV of the Public Health Service Act in
350 accordance with the requirements of that act and who need
351 treatment for breast or cervical cancer. Eligibility of
352 individuals under this paragraph (24) shall be determined by the
353 Division of Medicaid.

354 (25) The division shall apply to the Centers for
355 Medicare and Medicaid Services (CMS) for any necessary waivers to
356 provide services to individuals who are sixty-five (65) years of
357 age or older or are disabled as determined under Section

358 1614(a)(3) of the federal Social Security Act, as amended, and
359 whose income does not exceed one hundred thirty-five percent
360 (135%) of the nonfarm official poverty level as defined by the
361 Office of Management and Budget and revised annually, and whose
362 resources do not exceed those established by the Division of
363 Medicaid, and who are not otherwise covered by Medicare. Nothing
364 contained in this paragraph (25) shall entitle an individual to
365 benefits. The eligibility of individuals covered under this
366 paragraph shall be determined by the Division of Medicaid.

367 (26) The division shall apply to the Centers for
368 Medicare and Medicaid Services (CMS) for any necessary waivers to
369 provide services to individuals who are sixty-five (65) years of
370 age or older or are disabled as determined under Section
371 1614(a)(3) of the federal Social Security Act, as amended, who are
372 end stage renal disease patients on dialysis, cancer patients on
373 chemotherapy or organ transplant recipients on anti-rejection
374 drugs, whose income does not exceed one hundred thirty-five
375 percent (135%) of the nonfarm official poverty level as defined by
376 the Office of Management and Budget and revised annually, and
377 whose resources do not exceed those established by the division.
378 Nothing contained in this paragraph (26) shall entitle an
379 individual to benefits. The eligibility of individuals covered
380 under this paragraph shall be determined by the Division of
381 Medicaid.

382 (27) Individuals who are entitled to Medicare Part D
383 and whose income does not exceed one hundred fifty percent (150%)
384 of the nonfarm official poverty level as defined by the Office of
385 Management and Budget and revised annually. Eligibility for
386 payment of the Medicare Part D subsidy under this paragraph shall
387 be determined by the division.

388 The division shall redetermine eligibility for all categories
389 of recipients described in each paragraph of this section not less
390 frequently than required by federal law.

391 The division shall verify lawful presence in the United
392 States and the State of Mississippi for all applicants for
393 assistance and for all categories of recipients pursuant to the
394 requirements of Section 1 of Senate Bill No. 2070, 2007 Regular
395 Session.

396 **SECTION 3.** Section 43-17-1, Mississippi Code of 1972, is
397 amended as follows:

398 43-17-1. (1) The State of Mississippi hereby accepts all of
399 the mandatory provisions and benefits, with the exception of those
400 provisions under which the state may exercise its options, of
401 Title I of an act passed by the Senate and House of
402 Representatives of the United States of America, in Congress
403 assembled, entitled: "The Personal Responsibility and Work
404 Opportunity Reconciliation Act of 1996 (Public Law 104-193)," and
405 known as the Temporary Assistance to Needy Families (TANF)
406 program.

407 (2) The Department of Human Services shall have all
408 necessary authority to cooperate with the federal government in
409 the administration of Public Law 104-193 and all subsequent
410 federal amendments thereto, to administer any legislation pursuant
411 thereto enacted by the State of Mississippi, and to administer the
412 funds provided by the federal government and the State of
413 Mississippi under the provisions of Section 43-17-1 et seq., for
414 providing temporary assistance for needy families with minor
415 children. The Department of Human Services shall have full
416 authority to formulate state plans consistent with state law as
417 necessary to administer and operate federal grant funds which
418 provide temporary assistance for needy families with minor
419 children under Title IV-A of the federal Social Security Act. The
420 Department of Human Services shall identify in any state plan
421 submitted to implement the TANF program those requirements or
422 restrictions, including persons excluded from program
423 participation which are required under federal law, and those

424 program requirements or restrictions which the federal law
425 authorizes but does not require.

426 (3) Any funds received by the State of Mississippi under the
427 provisions of Public Law 104-193 shall be subject to appropriation
428 by the Legislature and consistent with the terms and conditions
429 required under such appropriation.

430 (4) The purpose of the Mississippi Temporary Assistance to
431 Needy Families (TANF) program shall be to:

432 (a) Provide assistance to needy families so that
433 children may be cared for in their own homes or in the homes of
434 relatives when such care is beneficial and may be monitored on a
435 random basis by the Department of Human Services or the State
436 Department of Health;

437 (b) End the dependence of needy families on government
438 benefits by promoting job preparation, work and marriage through,
439 among other things, job placement, job training and job retention;

440 (c) Prevent and reduce the incidence of out-of-wedlock
441 pregnancies and establish annual numerical goals for preventing
442 and reducing the incidence of these pregnancies;

443 (d) Encourage the formation and maintenance of
444 two-parent families; and

445 (e) Prevent program fraud and abuse.

446 (5) The Department of Human Services shall develop outcome
447 and output indicators for each program established under the
448 authority of this section. These measures shall provide
449 legislators and administrators with information which measures the
450 success or failure of the department in implementing the programs
451 implemented under the authority of this section. The department
452 shall annually report to the Legislature the outputs and outcomes
453 of these programs, with the first report due by December 15, 1997.
454 Such reports shall include recommendations for making programs
455 more effective or efficient which can be effected in accordance
456 with federal law.

457 (6) Assistance may be granted under this chapter to any
458 dependent child and a caretaker relative who are living in a
459 suitable family home meeting the standards of care and health and
460 work requirements fixed by the laws of this state, and the rules
461 and regulations of the State Department of Human Services.

462 (7) The Department of Human Services shall verify lawful
463 presence in the United States and the State of Mississippi for all
464 adult applicants for assistance pursuant to the requirements of
465 Section 1 of Senate Bill No. 2070, 2007 Regular Session.

466 **SECTION 4.** Section 71-5-511, Mississippi Code of 1972, is
467 amended as follows:

468 71-5-511. An unemployed individual shall be eligible to
469 receive benefits with respect to any week only if the department
470 finds that:

471 (a) (i) He has registered for work at and thereafter
472 has continued to report to an employment office in accordance with
473 such regulations as the department may prescribe; except that the
474 department may, by regulation, waive or alter either or both of
475 the requirements of this subparagraph as to such types of cases or
476 situations with respect to which it finds that compliance with
477 such requirements would be oppressive or would be inconsistent
478 with the purposes of this chapter; and

479 (ii) He participates in reemployment services,
480 such as job search assistance services, if, in accordance with a
481 profiling system established by the department, it has been
482 determined that he is likely to exhaust regular benefits and needs
483 reemployment services, unless the department determines that:

484 1. The individual has completed such
485 services; or

486 2. There is justifiable cause for the
487 claimant's failure to participate in such services.

488 (b) He has made a claim for benefits in accordance with
489 the provisions of Section 71-5-515 and in accordance with such
490 regulations as the department may prescribe thereunder.

491 (c) He is able to work and is available for work.

492 (d) He has been unemployed for a waiting period of one
493 (1) week. No week shall be counted as a week of unemployment for
494 the purposes of this subsection:

495 (i) Unless it occurs within the benefit year which
496 includes the week with respect to which he claims payment of
497 benefits;

498 (ii) If benefits have been paid with respect
499 thereto;

500 (iii) Unless the individual was eligible for
501 benefits with respect thereto, as provided in Sections 71-5-511
502 and 71-5-513, except for the requirements of this subsection.

503 (e) For weeks beginning on or before July 1, 1982, he
504 has, during his base period, been paid wages for insured work
505 equal to not less than thirty-six (36) times his weekly benefit
506 amount; he has been paid wages for insured work during at least
507 two (2) quarters of his base period; and he has, during that
508 quarter of his base period in which his total wages were highest,
509 been paid wages for insured work equal to not less than sixteen
510 (16) times the minimum weekly benefit amount. For benefit years
511 beginning after July 1, 1982, he has, during his base period, been
512 paid wages for insured work equal to not less than forty (40)
513 times his weekly benefit amount; he has been paid wages for
514 insured work during at least two (2) quarters of his base period,
515 and he has, during that quarter of his base period in which his
516 total wages were highest, been paid wages for insured work equal
517 to not less than twenty-six (26) times the minimum weekly benefit
518 amount. For purposes of this subsection, wages shall be counted
519 as "wages for insured work" for benefit purposes with respect to
520 any benefit year only if such benefit year begins subsequent to

521 the date on which the employing unit by which such wages were paid
522 has satisfied the conditions of Section 71-5-11, subsection I, or
523 Section 71-5-361, subsection (3), with respect to becoming an
524 employer.

525 (f) No individual may receive benefits in a benefit
526 year unless, subsequent to the beginning of the next preceding
527 benefit year during which he received benefits, he performed
528 service in "employment" as defined in Section 71-5-11, subsection
529 J, and earned remuneration for such service in an amount equal to
530 not less than eight (8) times his weekly benefit amount applicable
531 to his next preceding benefit year.

532 (g) Benefits based on service in employment defined in
533 Section 71-5-11, subsection J(3) and J(4), and Section 71-5-361,
534 subsection (4) shall be payable in the same amount, on the same
535 terms, and subject to the same conditions as compensation payable
536 on the basis of other service subject to this chapter, except that
537 benefits based on service in an instructional, research or
538 principal administrative capacity in an institution of higher
539 learning (as defined in Section 71-5-11, subsection O) with
540 respect to service performed prior to January 1, 1978, shall not
541 be paid to an individual for any week of unemployment which begins
542 during the period between two (2) successive academic years, or
543 during a similar period between two (2) regular terms, whether or
544 not successive, or during a period of paid sabbatical leave
545 provided for in the individual's contract, if the individual has a
546 contract or contracts to perform services in any such capacity for
547 any institution or institutions of higher learning for both such
548 academic years or both such terms.

549 (h) Benefits based on service in employment defined in
550 Section 71-5-11, subsection J(3) and J(4), shall be payable in the
551 same amount, on the same terms and subject to the same conditions
552 as compensation payable on the basis of other service subject to
553 this chapter; except that:

554 (i) With respect to service performed in an
555 instructional, research or principal administrative capacity for
556 an educational institution, benefits shall not be paid based on
557 such services for any week of unemployment commencing during the
558 period between two (2) successive academic years, or during a
559 similar period between two (2) regular but not successive terms,
560 or during a period of paid sabbatical leave provided for in the
561 individual's contract, to any individual, if such individual
562 performs such services in the first of such academic years or
563 terms and if there is a contract or a reasonable assurance that
564 such individual will perform services in any such capacity for any
565 educational institution in the second of such academic years or
566 terms, and provided that Section 71-5-511, subsection (g), shall
567 apply with respect to such services prior to January 1, 1978. In
568 no event shall benefits be paid unless the individual employee was
569 terminated by the employer.

570 (ii) With respect to services performed in any
571 other capacity for an educational institution, benefits shall not
572 be paid on the basis of such services to any individual for any
573 week which commences during a period between two (2) successive
574 academic years or terms, if such individual performs such services
575 in the first of such academic years or terms and there is a
576 reasonable assurance that such individual will perform such
577 services in the second of such academic years or terms, except
578 that if compensation is denied to any individual under this
579 subparagraph and such individual was not offered an opportunity to
580 perform such services for the educational institution for the
581 second of such academic years or terms, such individual shall be
582 entitled to a retroactive payment of compensation for each week
583 for which the individual filed a timely claim for compensation and
584 for which compensation was denied solely by reason of this clause.
585 In no event shall benefits be paid unless the individual employee
586 was terminated by the employer.

587 (iii) With respect to services described in
588 subsection (h)(i) and (ii), benefits shall not be payable on the
589 basis of services in any such capacities to any individual for any
590 week which commences during an established and customary vacation
591 period or holiday recess if such individual performs such services
592 in the first of such academic years or terms, or in the period
593 immediately before such vacation period or holiday recess, and
594 there is a reasonable assurance that such individual will perform
595 such services in the period immediately following such vacation
596 period or holiday recess.

597 (iv) With respect to any services described in
598 subsection (h)(i) and (ii), benefits shall not be payable on the
599 basis of services in any such capacities as specified in
600 subsection (h)(i), (ii) and (iii) to any individual who performed
601 such services in an educational institution while in the employ of
602 an educational service agency. For purposes of this subsection,
603 the term "educational service agency" means a governmental agency
604 or governmental entity which is established and operated
605 exclusively for the purpose of providing such services to one or
606 more educational institutions.

607 (v) With respect to services to which Sections
608 71-5-357 and 71-5-359 apply, if such services are provided to or
609 on behalf of an educational institution, benefits shall not be
610 payable under the same circumstances and subject to the same terms
611 and conditions as described in subsection (h)(i), (ii), (iii) and
612 (iv).

613 (i) Subsequent to December 31, 1977, benefits shall not
614 be paid to any individual on the basis of any services
615 substantially all of which consist of participating in sports or
616 athletic events or training or preparing to so participate, for
617 any week which commences during the period between two (2)
618 successive sports seasons (or similar periods) if such individual
619 performs such services in the first of such seasons (or similar

620 periods) and there is a reasonable assurance that such individual
621 will perform such services in the later of such seasons (or
622 similar periods).

623 (j) (i) Subsequent to December 31, 1977, benefits
624 shall not be payable on the basis of services performed by an
625 alien, unless such alien is an individual who was lawfully
626 admitted for permanent residence at the time such services were
627 performed, was lawfully present for purposes of performing such
628 services, or was permanently residing in the United States under
629 color of law at the time such services were performed (including
630 an alien who was lawfully present in the United States as a result
631 of the application of the provisions of Section 203(a)(7) or
632 Section 212(d)(5) of the Immigration and Nationality Act).

633 (ii) Any data or information required of
634 individuals applying for benefits to determine whether benefits
635 are not payable to them because of their alien status shall be
636 uniformly required from all applicants for benefits.

637 (iii) In the case of an individual whose
638 application for benefits would otherwise be approved, no
639 determination that benefits to such individual are not payable
640 because of his alien status shall be made, except upon a
641 preponderance of the evidence.

642 (k) An individual shall be deemed prima facie
643 unavailable for work, and therefore ineligible to receive
644 benefits, during any period which, with respect to his employment
645 status, is found by the department to be a holiday or vacation
646 period.

647 (l) An individual shall only be eligible for benefits
648 under this chapter if he has verified lawful presence in the
649 United States and the State of Mississippi pursuant to the
650 provisions of Section 1 of Senate Bill No. 2070, 2007 Regular
651 Session.

652 **SECTION 5.** Section 43-33-15, Mississippi Code of 1972, is
653 amended as follows:

654 43-33-15. In the operation or management of housing projects
655 an authority shall at all times observe the following duties with
656 respect to rentals and tenant selection:

657 (a) It may rent or lease the dwelling accommodations
658 therein only to persons of low income and at rentals within the
659 financial reach of such persons of low income;

660 (b) It may rent or lease to a tenant dwelling
661 accommodations consisting of the number of rooms (but no greater
662 number) which it deems necessary to provide safe and sanitary
663 accommodations to the proposed occupants thereof, without
664 overcrowding;

665 (c) The dwellings in low-rent housing as defined in
666 this article shall be available solely for families whose net
667 annual income at the time of admission, less an exemption of One
668 Hundred Dollars (\$100.00) for each minor member of the family
669 other than the head of the family and his spouse, does not exceed
670 five (5) times the annual rental (including the value or cost to
671 them of water, electricity, gas, other heating and cooking fuels,
672 and other utilities) of the dwellings to be furnished such
673 families. For the purpose of determining eligibility for
674 continued occupancy, a public housing agency shall allow, from the
675 net income of any family, an exemption for each minor member of
676 the family (other than the head of the family and his spouse) of
677 either (a) One Hundred Dollars (\$100.00), or (b) all or any part
678 of the annual income of such minor. For the purpose of this
679 subparagraph, a minor shall mean a person less than twenty-one
680 (21) years of age.

681 Nothing contained in this section or Section 43-33-13 shall
682 be construed as limiting the power of an authority to vest in an
683 obligee the right, in the event of a default by the authority, to
684 take possession of a housing project or cause the appointment of a

685 receiver thereof, free from all the restrictions imposed by this
686 section or Section 43-33-13.

687 An authority shall only provide housing assistance benefits
688 to individuals who have verified lawful presence in the United
689 States and the State of Mississippi pursuant to the provisions of
690 Section 1 of Senate Bill No. 2070, 2007 Regular Session.

691 **SECTION 6.** This act shall take effect and be in force from
692 and after July 1, 2007.