

By: Representative Scott

To: Public Health and Human Services

HOUSE BILL NO. 470

1 AN ACT TO CREATE THE HEALTH DISPARITIES COUNCIL IN THE STATE
2 DEPARTMENT OF HEALTH FOR THE PURPOSE OF MAKING RECOMMENDATIONS TO
3 REDUCE AND ELIMINATE CERTAIN DISPARITIES IN ACCESS TO HEALTH CARE;
4 TO PROVIDE FOR THE MEMBERSHIP AND DUTIES OF THE COUNCIL; AND FOR
5 RELATED PURPOSES.

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

7 **SECTION 1.** (1) There is created the Health Disparities
8 Council within, but not subject to the control of, the State
9 Department of Health. The council shall make recommendations to
10 reduce and eliminate racial and ethnic disparities in access to
11 quality health care and in health outcomes within the State of
12 Mississippi, including disparities related to breast, cervical,
13 prostate and colorectal cancers, strokes, heart attacks, heart
14 disease, diabetes, infant mortality, lupus, HIV/AIDS, asthma and
15 other respiratory illnesses. The council may consider
16 environmental, housing and other relevant matters contributing to
17 these disparities. The council shall make recommendations to
18 increase racial and ethnic diversity in the health care workforce,
19 including doctors, nurses and physician assistants. The council



20 shall maintain ongoing communication and coordination with the
21 Office of Health Disparity Elimination of the State Department of
22 Health.

23 (2) The council shall consist of forty (40) members to be
24 appointed on or before July 1, 2018, as follows:

25 (a) Three (3) members of the Mississippi House of
26 Representatives appointed by the Speaker of the House of
27 Representatives, one (1) of whom shall be designated as a
28 cochairman of the council;

29 (b) Three (3) members of the Mississippi Senate
30 appointed by the Lieutenant Governor, one (1) of whom shall be
31 designated as a cochairman of the council;

32 (c) The Executive Director of the Department of Human
33 Services, or his designee, who shall serve ex officio;

34 (d) The State Health Officer, or his designee, who
35 shall serve ex officio;

36 (e) The Director of the Office of Health Disparity
37 Elimination in the State Department of Health, or his designee,
38 who shall serve ex officio;

39 (f) The Executive Director of the State Department of
40 Mental Health, or his designee, who shall serve ex officio;

41 (g) The Executive Director of the Division of Medicaid,
42 or his designee, who shall serve ex officio;

43 (h) The Attorney General, or his designee, who shall
44 serve ex officio;



45 (i) Eight (8) persons from communities
46 disproportionately affected by health disparities, four (4) of
47 whom shall be appointed by the Speaker of the House of
48 Representatives and four (4) of whom shall be appointed by the
49 Lieutenant Governor; and

50 (j) Twenty (20) persons appointed by the cochairmen,
51 one (1) from each list of nominees submitted by each of the
52 following organizations:

53 (i) The American Cancer Society, Mississippi
54 Division, Inc.;

55 (ii) The American Heart Association, Mississippi
56 Affiliate, Inc.;

57 (iii) The University of Mississippi Medical
58 Center;

59 (iv) Baptist Medical Center;

60 (v) Central Mississippi Medical Center;

61 (vi) River Oaks Health System;

62 (vii) St. Dominic Hospital;

63 (viii) The Mississippi Primary Health Care
64 Association, Inc.;

65 (ix) The Mississippi State Medical Association;

66 (x) The Mississippi Medical and Surgical
67 Association;

68 (xi) The Mississippi Hospital Association;

69 (xii) The Mississippi School Nurse Association;



- 70 (xiii) The Mississippi Nurses' Association;
- 71 (xiv) The Mississippi Association of Health Plans,
- 72 Inc.;
- 73 (xv) Blue Cross & Blue Shield of Mississippi,
- 74 Inc.;
- 75 (xvi) The Mississippi Public Health Association;
- 76 (xvii) The Center of Mississippi Health Policy;
- 77 (xviii) The Mississippi Health Policy Research
- 78 Center at Mississippi State University;
- 79 (xix) The John C. Stennis Institute of Government
- 80 at Mississippi State University; and
- 81 (xx) The Mississippi Health Advocacy Program.

82 The representatives of nongovernmental organizations shall

83 serve staggered three-year terms. Vacancies of unexpired terms

84 shall be filled within sixty (60) days by the appropriate

85 appointing authority.

86 (3) At its first meeting, the council shall adopt bylaws and

87 rules for its efficient operation. The council may establish

88 committees that will be responsible for conducting specific

89 council programs or activities.

90 (4) The council shall meet at least bimonthly, at other

91 times as determined by its rules, and when requested either by

92 both cochairmen or by one (1) cochairman and any nine (9) members.

93 Ten (10) members of the council shall constitute a quorum for the

94 transaction of business. In the adoption of rules, resolutions



95 and reports, an affirmative vote of a majority of the members
96 present and voting shall be required. All meetings of the council
97 and any committees of the council will be open to the public, with
98 opportunities for public comment provided on a regular basis.
99 Notice of all meetings shall be given as provided in the Open
100 Meetings Act (Section 25-41-1 et seq.) and appropriate notice also
101 shall be given to all persons so requesting of the date, time and
102 place of each meeting.

103 (5) The council shall submit a report annually by July 1 to
104 the Governor and to the members of the House Public Health and
105 Human Services Committee and the Senate Public Health and Welfare
106 Committee. The report shall include:

107 (a) Data on disparities in health care access and
108 health outcomes;

109 (b) Data on diversity in the health care workforce;

110 (c) Recommendations for designing, implementing and
111 improving programs and services;

112 (d) Proposals for statutory and regulatory changes to
113 reduce and eliminate disparities in access to quality health care
114 services and health outcomes in the state; and

115 (e) Recommendations for improving diversity and
116 cultural competency in the health care workforce.

117 (6) Members of the council shall receive no compensation for
118 serving on the council, except for the eight (8) members appointed
119 under subsection (2) (i) of this section, who shall be compensated



120 at the per diem rate authorized by Section 25-3-69 and shall be
121 reimbursed in accordance with Section 25-3-41 for mileage and
122 actual expenses incurred in the performance of their duties. No
123 council member may incur per diem, travel or other expenses unless
124 previously authorized by vote, at a meeting of the council, which
125 action must be recorded in the official minutes of the meeting.

126 (7) To effectuate the purposes of this section, any
127 department, division, board, bureau, commission or agency of the
128 state or any political subdivision thereof, shall, at the request
129 of the cochairmen of the council, provide any facilities,
130 assistance and data as will enable the council to properly carry
131 out its duties.

132 **SECTION 2.** This act shall take effect and be in force from
133 and after its passage.

