

By: Representatives Creekmore IV, Bain

To: Judiciary B

HOUSE BILL NO. 695

1 AN ACT TO AMEND SECTION 9-23-9, MISSISSIPPI CODE OF 1972, TO  
 2 REQUIRE THE STATE INTERVENTION COURTS ADVISORY COMMITTEE TO  
 3 PROMULGATE RULES AND REGULATIONS THAT ALLOW THE ADMINISTRATIVE  
 4 OFFICE OF COURTS TO PROVIDE ADDITIONAL FUNDING TO INTERVENTION  
 5 COURTS BASED ON THE FINANCIAL NEEDS OF THE COURT; TO AMEND SECTION  
 6 9-23-11, MISSISSIPPI CODE OF 1972, TO REVISE THE MINIMUM  
 7 CERTIFICATION STANDARDS FOR OPERATION OF AN INTERVENTION COURT OR  
 8 PROBLEM SOLVING COURT BY REQUIRING THE PROVISION OF MENTAL HEALTH  
 9 SERVICES; TO AMEND SECTION 41-113-1, MISSISSIPPI CODE OF 1972, TO  
 10 INCLUDE DRUG ABUSE IN THE LEGISLATIVE INTENT FOR THE TOBACCO  
 11 EDUCATION, PREVENTION AND CESSATION PROGRAM; TO AMEND SECTION  
 12 41-113-3, MISSISSIPPI CODE OF 1972, TO REVISE THE DUTIES OF THE  
 13 OFFICE OF TOBACCO CONTROL BY ADDING FENTANYL AND DRUG ABUSE  
 14 PREVENTION EDUCATION; TO AMEND SECTION 41-113-5, MISSISSIPPI CODE  
 15 OF 1972, TO REVISE THE DUTIES OF THE DIRECTOR OF THE OFFICE OF  
 16 TOBACCO CONTROL TO INCLUDE IMPLEMENTATION OF A FENTANYL DRUG ABUSE  
 17 EDUCATION, PREVENTION AND CESSATION PROGRAM; TO AMEND SECTION  
 18 41-113-7, MISSISSIPPI CODE OF 1972, TO REVISE THE DUTIES OF THE  
 19 OFFICE OF TOBACCO CONTROL BY ADDING FENTANYL AND DRUG ABUSE  
 20 PREVENTION EDUCATION; TO AMEND SECTION 41-114-1, MISSISSIPPI CODE  
 21 OF 1972, TO INCLUDE VAPORIZING DEVICES IN THE DEFINITION OF  
 22 "SMOKE" OR "SMOKING" FOR THE PROVISIONS OF LAW THAT RESTRICT  
 23 TOBACCO USE IN PUBLIC FACILITIES; TO BRING FORWARD SECTIONS  
 24 41-113-9 AND 41-113-11, MISSISSIPPI CODE OF 1972, WHICH PROVIDE  
 25 FOR THE MISSISSIPPI TOBACCO CONTROL ADVISORY COUNCIL AND THE  
 26 TOBACCO CONTROL PROGRAM FUND, FOR PURPOSES OF AMENDMENT; AND FOR  
 27 RELATED PURPOSES.

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

29 **SECTION 1.** Section 9-23-9, Mississippi Code of 1972, is  
 30 amended as follows:



31           9-23-9. (1) The State Intervention Courts Advisory  
32 Committee is established to develop and periodically update  
33 proposed statewide evaluation plans and models for monitoring all  
34 critical aspects of intervention courts. The committee must  
35 provide the proposed evaluation plans to the Chief Justice and the  
36 Administrative Office of Courts. The committee shall be chaired  
37 by the Director of the Administrative Office of Courts or a  
38 designee of the director and shall consist of eleven (11) members  
39 all of whom shall be appointed by the Supreme Court. The members  
40 shall be broadly representative of the courts, mental health,  
41 veterans affairs, law enforcement, corrections, criminal defense  
42 bar, prosecutors association, juvenile justice, child protective  
43 services, fentanyl and drug abuse prevention and treatment and  
44 substance abuse treatment communities.

45           (2) The State Intervention Courts Advisory Committee may  
46 also make recommendations to the Chief Justice, the Director of  
47 the Administrative Office of Courts and state officials concerning  
48 improvements to intervention court policies and procedures  
49 including the intervention court certification process. The  
50 committee may make suggestions as to the criteria for eligibility,  
51 and other procedural and substantive guidelines for intervention  
52 court operation.

53           (3) The State Intervention Courts Advisory Committee shall  
54 act as arbiter of disputes arising out of the operation of  
55 intervention courts established under this chapter and make



56 recommendations to improve the intervention courts; it shall also  
57 make recommendations to the Supreme Court necessary and incident  
58 to compliance with established rules. The State Intervention  
59 Courts Advisory Committee shall promulgate rules and regulations  
60 that authorize the Administrative Office of Courts to review  
61 funding for and provide additional funding to intervention courts  
62 based on the financial needs of the court or the number of  
63 participants the court serves.

64 (4) The State Intervention Courts Advisory Committee shall  
65 establish through rules and regulations a viable and fiscally  
66 responsible plan to expand the number of adult and juvenile  
67 intervention court programs operating in Mississippi. These rules  
68 and regulations shall include plans to increase participation in  
69 existing and future programs while maintaining their voluntary  
70 nature.

71 (5) The State Intervention Courts Advisory Committee shall  
72 receive and review the monthly reports submitted to the  
73 Administrative Office of Courts by each certified intervention  
74 court and provide comments and make recommendations, as necessary,  
75 to the Chief Justice and the Director of the Administrative Office  
76 of Courts.

77 (6) The State Intervention Courts Advisory Committee shall  
78 create a funding formula that allows the Administrative Office of  
79 Courts to reallocate funding, provide additional funding based on



80 the financial needs of the intervention court and/or the number of  
81 participants the court serves.

82         **SECTION 2.** Section 9-23-11, Mississippi Code of 1972, is  
83 amended as follows:

84         9-23-11. (1) The Administrative Office of Courts shall  
85 establish, implement and operate a uniform certification process  
86 for all intervention courts and other problem-solving courts  
87 including juvenile courts, veterans courts or any other court  
88 designed to adjudicate criminal actions involving an identified  
89 classification of criminal defendant to ensure funding for  
90 intervention courts supports effective and proven practices that  
91 reduce recidivism and substance dependency among their  
92 participants.

93         (2) The Administrative Office of Courts shall establish a  
94 certification process that ensures any new or existing  
95 intervention court meets minimum standards for intervention court  
96 operation.

97                 (a) These standards shall include, but are not limited  
98 to:

99                         (i) The use of evidence-based practices including,  
100 but not limited to, the use of a valid and reliable risk and needs  
101 assessment tool to identify participants and deliver appropriate  
102 interventions;

103                         (ii) Targeting medium to high-risk offenders for  
104 participation;



105 (iii) The use of current, evidence-based  
106 interventions proven to reduce dependency on drugs or alcohol, or  
107 both;

108 (iv) Frequent testing for alcohol or drugs;

109 (v) Coordinated strategy between all intervention  
110 court program personnel involving the use of graduated clinical  
111 interventions;

112 (vi) Ongoing judicial interaction with each  
113 participant; \* \* \*

114 (vii) Monitoring and evaluation of intervention  
115 court program implementation and outcomes through data collection  
116 and reporting \* \* \*; and

117 (viii) Providing mental health services.

118 (b) Intervention court certification applications shall  
119 include:

120 (i) A description of the need for the intervention  
121 court;

122 (ii) The targeted population for the intervention  
123 court;

124 (iii) The eligibility criteria for intervention  
125 court participants;

126 (iv) A description of the process for identifying  
127 appropriate participants including the use of a risk and needs  
128 assessment and a clinical assessment;



129 (v) A description of the intervention court  
130 intervention components which shall include mental health  
131 services, including anticipated budget and implementation plan;

132 (vi) The data collection plan which shall include  
133 collecting the following data:

134 1. Total number of participants;

135 2. Total number of successful participants;

136 3. Total number of unsuccessful participants  
137 and the reason why each participant did not complete the program;

138 4. Total number of participants who were  
139 arrested for a new criminal offense while in the intervention  
140 court program;

141 5. Total number of participants who were  
142 convicted of a new felony or misdemeanor offense while in the  
143 intervention court program;

144 6. Total number of participants who committed  
145 at least one (1) violation while in the intervention court program  
146 and the resulting sanction(s);

147 7. Results of the initial risk and needs  
148 assessment or other clinical assessment conducted on each  
149 participant; \* \* \*

150 8. Total number of applications for screening  
151 by race, gender, offenses charged, indigence and, if not accepted,  
152 the reason for nonacceptance; \* \* \*



153                                   9. Any other data or information as required  
154 by the Administrative Office of Courts \* \* \*; and

155                                   10. Total number of participants who were  
156 provided mental health services and a description of the services  
157 provided.

158                                   (c) Every intervention court shall be certified under  
159 the following schedule:

160                                   (i) An intervention court application submitted  
161 after July 1, 2014, shall require certification of the  
162 intervention court based on the proposed drug court plan.

163                                   (ii) An intervention court initially established  
164 and certified after July 1, 2014, shall be recertified after its  
165 second year of funded operation on a time frame consistent with  
166 the other certified courts of its type.

167                                   (iii) A certified adult felony intervention court  
168 in existence on December 31, 2018, must submit a recertification  
169 petition by July 1, 2019, and be recertified under the  
170 requirements of this section on or before December 31, 2019; after  
171 the recertification, all certified adult felony intervention  
172 courts must submit a recertification petition every two (2) years  
173 to the Administrative Office of Courts. The recertification  
174 process must be completed by December 31 \* \* \* of every odd  
175 calendar year.

176                                   (iv) A certified youth, family, misdemeanor or  
177 chancery intervention court in existence on December 31, 2018,



178 must submit a recertification petition by July 31, 2020, and be  
179 recertified under the requirements of this section by December 31,  
180 2020. After the recertification, all certified youth, family,  
181 misdemeanor and chancery intervention courts must submit a  
182 recertification petition every two (2) years to the Administrative  
183 Office of Courts. The recertification process must be completed  
184 by December 31 \* \* \* of every even calendar year.

185 (3) All certified intervention courts shall measure  
186 successful completion of the drug court based on those  
187 participants who complete the program without a new criminal  
188 conviction.

189 (4) (a) All certified drug courts must collect and submit  
190 to the Administrative Office of Courts each month, the following  
191 data:

192 (i) Total number of participants at the beginning  
193 of the month;

194 (ii) Total number of participants at the end of  
195 the month;

196 (iii) Total number of participants who began the  
197 program in the month;

198 (iv) Total number of participants who successfully  
199 completed the intervention court in the month;

200 (v) Total number of participants who left the  
201 program in the month;





202 (vi) Total number of participants who were  
203 arrested for a new criminal offense while in the intervention  
204 court program in the month;

205 (vii) Total number of participants who were  
206 convicted for a new criminal arrest while in the intervention  
207 court program in the month; \* \* \*

208 (viii) Total number of participants who committed  
209 at least one (1) violation while in the intervention court program  
210 and any resulting sanction(s) \* \* \*; and

211 (ix) Total number of participants who received  
212 mental health services from the court program.

213 (b) By August 1, 2015, and each year thereafter, the  
214 Administrative Office of Courts shall report to the PEER Committee  
215 the information in subsection (4) (a) of this section in a  
216 sortable, electronic format.

217 (5) All certified intervention courts may individually  
218 establish rules and may make special orders and rules as necessary  
219 that do not conflict with the rules promulgated by the Supreme  
220 Court or the Administrative Office of Courts.

221 (6) A certified intervention court may appoint the full- or  
222 part-time employees it deems necessary for the work of the  
223 intervention court and shall fix the compensation of those  
224 employees. Such employees shall serve at the will and pleasure of  
225 the judge or the judge's designee.



226 (7) The Administrative Office of Courts shall promulgate  
227 rules and regulations to carry out the certification and  
228 re-certification process and make any other policies not  
229 inconsistent with this section to carry out this process.

230 (8) A certified intervention court established under this  
231 chapter is subject to the regulatory powers of the Administrative  
232 Office of Courts as set forth in Section 9-23-17.

233 **SECTION 3.** Section 41-113-1, Mississippi Code of 1972, is  
234 amended as follows:

235 41-113-1. (1) The Mississippi Legislature recognizes the  
236 devastating impact that tobacco use \* \* \*, fentanyl use and drug  
237 abuse have on the citizens of our state. Tobacco use \* \* \*,  
238 fentanyl use and drug abuse are the \* \* \* most preventable causes  
239 of death and disease in this country and this state. Each year,  
240 thousands of Mississippians lose their lives to diseases caused by  
241 tobacco use, fentanyl use and drug abuse, and the cost to the  
242 state is hundreds of millions of dollars. Tobacco use \* \* \*,  
243 fentanyl use and drug abuse are a large burden on the families and  
244 businesses of Mississippi. It is therefore the intent of the  
245 Legislature that there be developed, implemented and fully funded  
246 a comprehensive and statewide tobacco use, fentanyl use and drug  
247 abuse education, prevention and cessation program that is  
248 consistent with the Best Practices for Tobacco Control  
249 Programs \* \* \* and youth high risk drug use prevention guidelines  
250 from the federal Centers for Disease Control and Prevention, as



251 periodically amended. It is also the intent of the Legislature  
252 that all reasonable efforts be made to maximize the amount of  
253 federal funds available for this program.

254 (2) The goals of the tobacco use, fentanyl use and drug  
255 abuse education, prevention and cessation program include, but are  
256 not limited to, the following:

257 (a) Preventing the initiation of use of tobacco  
258 products, fentanyl and abuse of drugs by youth;

259 (b) Encouraging and helping smokers to quit and  
260 reducing the numbers of youth and adults who use tobacco products,  
261 fentanyl or abuse drugs;

262 (c) Assisting in the protection from secondhand smoke;

263 (d) Supporting the enforcement of laws prohibiting  
264 youth access to tobacco products, fentanyl and youth drug abuse;

265 (e) Eliminating the racial and cultural disparities  
266 related to use of tobacco products, fentanyl and youth drug abuse;

267 and

268 (f) Educating the public and changing the cultural  
269 perception of use of tobacco products, fentanyl and youth drug  
270 abuse in Mississippi.

271 **SECTION 4.** Section 41-113-3, Mississippi Code of 1972, is  
272 amended as follows:

273 41-113-3. (1) There is hereby created the Office of Tobacco  
274 Control (office) which shall be an administrative division of the  
275 State Department of Health.



276           (2) The Office of Tobacco Control, with the advice of the  
277 Mississippi Tobacco Control Advisory Board, shall develop and  
278 implement a comprehensive and statewide tobacco, fentanyl and drug  
279 abuse education, prevention and cessation program that is  
280 consistent with the recommendations for effective program  
281 components and funding recommendations in the 1999 Best Practices  
282 for Comprehensive Tobacco Control Programs of the federal Centers  
283 for Disease Control and Prevention, as those Best Practices may be  
284 periodically amended by the Centers for Disease Control and  
285 Prevention and the youth high risk drug use resources created by  
286 the federal Centers for Disease Control and Prevention.

287           (3) At a minimum, the program shall include the following  
288 components, and may include additional components that are  
289 contained within the Best Practices for Comprehensive Tobacco  
290 Control Programs of the federal Centers for Disease Control and  
291 Prevention, as periodically amended, and that based on scientific  
292 data and research have been shown to be effective at accomplishing  
293 the purposes of this section:

294           (a) The use of mass media, including paid advertising  
295 and other communication tools to discourage the use of tobacco  
296 products, fentanyl and drug abuse and to educate people,  
297 especially youth, about the health hazards from the use of tobacco  
298 products and/or drug abuse, which shall be designed to be  
299 effective at achieving these goals and shall include, but need not  
300 be limited to, television, radio, and print advertising, as well



301 as sponsorship, exhibits and other opportunities to raise  
302 awareness statewide;

303 (b) Evidence-based curricula and programs implemented  
304 in schools to educate youth about tobacco, fentanyl and drug abuse  
305 and to discourage their use of tobacco products, fentanyl and  
306 abuse of drugs, including, but not limited to, programs that  
307 involve youth, educate youth about the health hazards from the use  
308 of tobacco products, fentanyl and/or the abuse of drugs, help  
309 youth develop skills to refuse tobacco products, and demonstrate  
310 to youth how to stop using tobacco products;

311 (c) Local community programs, including, but not  
312 limited to, youth-based partnerships that discourage the use of  
313 tobacco products, fentanyl and abuse of drugs and involve  
314 community-based organizations in tobacco, fentanyl and drug abuse  
315 education, prevention and cessation programs in their communities;

316 (d) Enforcement of laws, regulations and policies  
317 against the sale or other provision of tobacco products, fentanyl  
318 and/or drugs to minors, and the possession of tobacco products,  
319 fentanyl and/or drugs by minors;

320 (e) Programs to assist and help people to stop using  
321 tobacco products, fentanyl and/or abusing drugs; and

322 (f) A surveillance and evaluation system that monitors  
323 program accountability and results, produces publicly available  
324 reports that review how monies expended for the program are spent,  
325 and includes an evaluation of the program's effectiveness in



326 reducing and preventing the use of tobacco products, fentanyl and  
327 the abuse of drugs, and annual recommendations for improvements to  
328 enhance the program's effectiveness.

329 (4) All programs or activities funded by the State  
330 Department of Health through the tobacco, fentanyl and drug abuse  
331 education, prevention and cessation program, whether part of a  
332 component described in subsection (2) or an additional component,  
333 must be consistent with the Best Practices for Comprehensive  
334 Tobacco Control Programs of the federal Centers for Disease  
335 Control and Prevention, as periodically amended, and all resources  
336 and guidelines established by the federal Centers for Disease  
337 Control and Prevention to reduce and prevent fentanyl use and drug  
338 abuse by youth, as periodically amended, all funds received by any  
339 person or entity under any such program or activity must be  
340 expended for purposes that are consistent with those Best  
341 Practices and guidelines. The State Department of Health shall  
342 exercise sole discretion in determining whether components are  
343 consistent with the Best Practices for Comprehensive Tobacco  
344 Control Programs of the federal Centers for Disease Control and  
345 Prevention.

346 (5) Funding for the different components of the program  
347 shall be apportioned between the components based on the  
348 recommendations in the Best Practices for Comprehensive Tobacco  
349 Control Programs of the federal Centers for Disease Control and  
350 Prevention, as periodically amended, or any additional programs as



351 determined by the State Board of Health to provide adequate  
352 program development, implementation and evaluation for effective  
353 control of the use of tobacco products and preventive measures for  
354 fentanyl use and drug abuse. While the office shall develop  
355 annual budgets based on strategic planning, components of the  
356 program shall be funded using the following areas as guidelines  
357 for priority:

- 358 (a) School nurses and school programs;
- 359 (b) Mass media (counter-marketing);
- 360 (c) Cessation programs (including media promotions);
- 361 (d) Community programs;
- 362 (e) Surveillance and evaluation;
- 363 (f) Law enforcement; and
- 364 (g) Administration and management; however, not more  
365 than five percent (5%) of the total budget may be expended for  
366 administration and management purposes.

367 (6) In funding the components of the program, the State  
368 Department of Health may provide funding for health care programs  
369 at the University of Mississippi Medical Center and Mississippi  
370 Quality Health Center Grants that are related to the prevention  
371 and cessation of the use of tobacco products and the treatment of  
372 illnesses that are related to the use of tobacco products.

373 (7) No statewide, district, local, county or municipal  
374 elected official shall take part as a public official in mass  
375 media advertising under the provisions of this chapter.



376           **SECTION 5.** Section 41-113-5, Mississippi Code of 1972, is  
377 amended as follows:

378           41-113-5. (1) The Office of Tobacco Control shall be under  
379 the management of a director, who shall be appointed by the State  
380 Health Officer. The responsibility for implementation of the  
381 comprehensive and statewide tobacco,   fentanyl and drug abuse  
382 education, prevention and cessation program shall be vested in the  
383 director. The director shall be an individual who has knowledge  
384 and experience in public health, medical care, health care  
385 services,   mental health care services,   preventive health  
386 measures \* \* \*,   tobacco use control or drug abuse prevention  
387   and/or treatment measures. The director shall be the  
388 administrative officer of the Office of Tobacco Control, and shall  
389 perform the duties that are required of him or her by law and such  
390 other duties as may be assigned to him or her by the State Board  
391 of Health. The director shall receive such compensation as may be  
392 fixed by the State Board of Health, subject to the approval of the  
393 State Personnel Board.

394           (2) The State Health Officer may employ such other persons  
395 as may be necessary to carry out the provisions of this chapter.  
396 The compensation and the terms and conditions of their employment  
397 shall be determined by the State Board of Health in accordance  
398 with applicable state law and rules and regulations of the State  
399 Personnel Board.





400           **SECTION 6.** Section 41-113-7, Mississippi Code of 1972, is  
401 amended as follows:

402           41-113-7. The Office of Tobacco Control shall perform the  
403 following duties, with the advice of the Mississippi Tobacco  
404 Control Advisory Council:

405                   (a) Develop and implement appropriate policies and  
406 procedures for the operation of the tobacco, fentanyl and drug  
407 abuse education, prevention and cessation program;

408                   (b) Develop and implement a \* \* \* strategic plan  
409 for \* \* \* a tobacco, fentanyl and drug abuse education, prevention  
410 and cessation program;

411                   (c) Develop and maintain an annual operating budget and  
412 oversee fiscal management of the tobacco, fentanyl and drug abuse  
413 education, prevention and cessation program;

414                   (d) Execute any contracts, agreements or other  
415 documents with any governmental agency or any person, corporation,  
416 association, partnership or other organization or entity that are  
417 necessary to accomplish the purposes of this chapter;

418                   (e) Receive grants, bequeaths, gifts, donations or any  
419 other contributions made to the office to be used for specific  
420 purposes related to the goals of this chapter;

421                   (f) Submit an annual report to the Legislature  
422 regarding the operation of the office;



423 (g) Submit to the State Auditor any financial records  
424 that are necessary for the Auditor to perform an annual audit of  
425 the office as required by law; and

426 (h) Take any other actions that are necessary to carry  
427 out the purposes of this chapter.

428 **SECTION 7.** Section 41-114-1, Mississippi Code of 1972, is  
429 amended as follows:

430 41-114-1. (1) As used in this section:

431 (a) The term "public facility" means any building,  
432 gymnasium, athletic field, recreational area or park to which the  
433 public is invited, whether there is charge for admission or not.

434 (b) The term "smoke" or "smoking" means inhaling,  
435 exhaling, burning, vaporizing, carrying or otherwise possessing  
436 any lighted cigarette, cigar, pipe, "alternative nicotine product"  
437 or any other object or device of any form that contains lighted  
438 tobacco or any other smoking or vaporizing product.

439 (2) During any time that persons under eighteen (18) years  
440 of age are engaged in an organized athletic event at a public  
441 facility in Mississippi, no participant in or spectator of the  
442 athletic event shall smoke in the facility, if the facility is  
443 enclosed, or within one hundred (100) feet of the facility, if the  
444 facility is not enclosed, except as permitted under subsection  
445 (3)(c) of this section.

446 (3) The person, agency or entity having jurisdiction or  
447 supervision over a public facility shall not allow smoking at the



448 facility in violation of this section, and shall use reasonable  
449 efforts to prevent smoking at the facility. The person, agency or  
450 entity may take the following steps:

451 (a) Posting appropriate signs informing persons that  
452 smoking is prohibited at the public facility.

453 (b) Securing the removal of persons who smoke at the  
454 public facility in violation of this section.

455 (c) Providing a designated area separate from the  
456 fields of activity, to which smoking shall be restricted.

457 (4) Any person who violates this section shall, upon  
458 conviction, be subject to a civil fine and shall be liable as  
459 follows:

460 (a) For a first conviction, a warning;

461 (b) For a second conviction, a fine of Seventy-five  
462 Dollars (\$75.00); and

463 (c) For all later convictions, a fine not to exceed One  
464 Hundred Fifty Dollars (\$150.00).

465 Anyone convicted under this section shall be recorded as  
466 being guilty of a civil penalty and not for violating a criminal  
467 statute. Any such violation shall be triable in any justice court  
468 or municipal court with proper jurisdiction.

469 (5) It is the responsibility of all law enforcement officers  
470 and law enforcement agencies of this state to ensure that the  
471 provisions of this section are enforced.



472 (6) If the actions of a person violate both this section and  
473 Section 97-32-29, the person shall be liable only under this  
474 section or Section 97-32-29, but not under both sections.

475 **SECTION 8.** Section 41-113-9, Mississippi Code of 1972, is  
476 brought forward as follows:

477 41-113-9. (1) There is created the Mississippi Tobacco  
478 Control Advisory Council, which shall consist of thirteen (13)  
479 members. The thirteen (13) members of the advisory council shall  
480 consist of the following:

481 (a) Four (4) members appointed by the Governor, with  
482 one (1) member from a list of three (3) physicians recommended by  
483 the Mississippi State Medical Association, one (1) member from a  
484 list of three (3) individuals recommended by the Mississippi  
485 Chapter of the American Heart Association, and two (2) individuals  
486 who are not affiliated with the tobacco industry who possess  
487 knowledge, skill, and prior experience in scientifically proven  
488 smoking prevention, reduction and cessation programs, health care  
489 services or preventive health measures;

490 (b) Two (2) members appointed by the Lieutenant  
491 Governor, with one (1) member from a list of three (3) nurses  
492 recommended by the Mississippi Nurses' Association, and one (1)  
493 member from a list of three (3) individuals recommended by the  
494 Mississippi Chapter of the American Lung Association;

495 (c) Two (2) members approved by the Speaker of the  
496 House of Representatives, with one (1) member from a list of three



497 (3) social workers recommended by the Mississippi Chapter of the  
498 National Association of Social Workers (NASW), and one (1) member  
499 from a list of three (3) individuals recommended by the  
500 Mississippi Chapter of the American Cancer Society;

501 (d) The Attorney General, or his or her designee;

502 (e) The State Superintendent of Public Education, or  
503 his or her designee;

504 (f) The Vice-Chancellor of Health Affairs of the  
505 University of Mississippi Medical Center, or his or her designee;

506 (g) The Dean of the College of Health at the University  
507 of Southern Mississippi, or his or her designee; and

508 (h) The Administrator of the School of Health Sciences  
509 of the College of Public Service at Jackson State University, or  
510 his or her designee.

511 (2) The Lieutenant Governor shall appoint one (1) member of  
512 the Senate and the Speaker of the House shall appoint one (1)  
513 Representative to attend meetings of the Tobacco Control Advisory  
514 Council.

515 (3) For those members that are required to be appointed from  
516 lists of individuals recommended by certain nominating groups, if  
517 none of the recommended names are acceptable to the appointing  
518 official, then the nominating group shall submit another list of  
519 three (3) different individuals until an acceptable individual is  
520 submitted to the appointing official.



521 (4) The members who are state officials or university  
522 officials shall serve as members for as long as they hold the  
523 designated office or university position. The appointed members  
524 shall serve for terms that are concurrent with the terms of the  
525 appointing officials, or until their successors are appointed and  
526 qualified.

527 (5) Any vacancy in an appointed member position shall be  
528 filled within thirty (30) days of the vacancy by the original  
529 appointing official, and the individual appointed to fill the  
530 vacancy shall meet the same qualifications as required for the  
531 former member.

532 (6) The initial appointments to the advisory council shall  
533 be made not later than forty-five (45) days after March 30, 2007,  
534 and the first meeting of the advisory council shall be held within  
535 sixty (60) days after March 30, 2007, at a time, date and location  
536 specified by the State Board of Health.

537 (7) The advisory council shall annually elect a chairman  
538 from among its members. The advisory council shall meet at least  
539 quarterly. A quorum for meetings of the advisory council shall be  
540 a majority of the voting members of the advisory council. The  
541 members of the advisory council shall receive the per diem  
542 compensation provided under Section 25-3-69 plus expense  
543 reimbursement as provided under Section 25-3-41 for attending  
544 meetings and necessary business of the advisory council.



545 (8) The Mississippi Tobacco Advisory Council shall advise  
546 and make recommendations to the State Board of Health regarding  
547 rules and regulations promulgated pursuant to this program.

548 **SECTION 9.** Section 41-113-11, Mississippi Code of 1972, is  
549 brought forward as follows:

550 41-113-11. (1) There is established in the State Treasury a  
551 special fund to be known as the Tobacco Control Program Fund,  
552 which shall be comprised of the funds specified in subsection (2)  
553 of this section and any other funds that are authorized or  
554 required to be deposited into the special fund.

555 (2) From the tobacco settlement installment payments that  
556 the State of Mississippi receives during each calendar year, the  
557 sum of Twenty Million Dollars (\$20,000,000.00) shall be deposited  
558 into the special fund.

559 (3) Monies in the fund shall be expended solely for the  
560 purposes specified in this chapter. None of the funds in the  
561 special fund may be transferred to any other fund or appropriated  
562 or expended for any other purpose.

563 (4) All income from the investment of the funds in the  
564 Tobacco Control Program Fund shall be credited to the account of  
565 the Tobacco Control Program Fund. Any funds in the Tobacco  
566 Control Program Fund at the end of a fiscal year shall not lapse  
567 into the State General Fund. Any funds appropriated from the  
568 Tobacco Control Program Fund that are unexpended at the end of a  
569 fiscal year shall lapse into the Tobacco Control Program Fund.



570 However, beginning with fiscal year 2020, any funds appropriated  
571 from the Tobacco Control Program Fund that are unexpended at the  
572 end of the fiscal year shall lapse into the Health Care Expendable  
573 Fund.

574           **SECTION 10.** This act shall take effect and be in force from  
575 and after July 1, 2022.

