

By: Representatives Creekmore IV, Bain

To: Judiciary B

HOUSE BILL NO. 695
(As Passed the House)

1 AN ACT TO AMEND SECTION 9-23-9, MISSISSIPPI CODE OF 1972, TO
 2 AUTHORIZE 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 may 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 may
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.

