

HOUSE BILL NO. 380

1 AN ACT TO REENACT SECTIONS 41-105-1 AND 41-105-3, MISSISSIPPI
2 CODE OF 1972, WHICH WERE REPEALED BY OPERATION OF LAW BY SECTION
3 7, CHAPTER 402, LAWS OF 2017, FOR THE PURPOSE OF RECONSTITUTING
4 THE HEALTHCARE ADVISORY COUNCIL AND DIRECTING THE APPOINTMENT OF
5 MEMBERS TO THE COUNCIL; TO ESTABLISH A COMPREHENSIVE PREVENTIVE
6 HEALTH CARE PLAN FOR MISSISSIPPI AND DIRECT THE COUNCIL TO DEVELOP
7 AND MAKE A REPORT TO THE LEGISLATURE AND THE GOVERNOR FOR THE 2026
8 REGULAR SESSION; TO SPECIFY HEALTH CARE GOALS FOR THE STATE THAT
9 THE COUNCIL SHALL CONSIDER; AND FOR RELATED PURPOSES.

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

11 **SECTION 1.** Section 41-105-1, Mississippi Code of 1972, which
12 was repealed by operation of law by Section 7, Chapter 402, Laws
13 of 2017, is reenacted as follows:

14 41-105-1. (1) There is created the Healthcare Coordinating
15 Council, which will be responsible for making recommendations to
16 the Legislature regarding the establishment of a long-range,
17 comprehensive preventive health care plan. Appointments to the
18 council shall be made before July 1, 2025, by the appointing
19 officers named in subsection (2) and the council shall develop and
20 make a report to the 2026 Regular Session of the Legislature on
21 the health goals for Mississippi specified in Section 41-105-3.

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46 (j) One (1) consumer of health care services who is not
47 a health care provider appointed by the Speaker of the House of
48 Representatives to serve a four-year term;

49 (k) One (1) health care provider appointed by the
50 Governor to serve a six-year term; and

54 (3) The appointing officers shall give due regard to gender,
55 race and geographic distribution in making their appointments to
56 the council.

66 (5) The council shall meet and conduct business at least
67 quarterly. All meetings of the council and any committees of the
68 council will be open to the public, with opportunities for public
69 comment provided on a regular basis. Notice of all meetings shall
70 be given as provided in the Open Meetings Act (Section 25-41-1 et

71 seq.) and appropriate notice also shall be given to all persons so
72 requesting of the date, time and place of each meeting. Eight (8)
73 members of the council shall constitute a quorum for the
74 transaction of business.

75 (6) The council is assigned jointly to the State Department
76 of Health, Mississippi Forum on Children and Families, the
77 Mississippi Health Advocacy Program and the Children's Defense
78 Fund Black Community Crusade for Children for administrative
79 purposes only. Those four (4) organizations shall designate staff
80 to assist the council.

81 (7) Members of the council who are not legislators, state
82 officials or state employees may be reimbursed for mileage and
83 actual expenses incurred in the performance of their duties by the
84 four (4) administering organizations designated in subsection (6)
85 of this section, if funds are available to the organizations for
86 that purpose. Legislative members of the council will be paid
87 from the contingent expense funds of their respective houses in
88 the same manner as provided for committee meetings when the
89 Legislature is not in session. However, legislative members will
90 not be paid per diem or expenses for attending meetings of the
91 council while the Legislature is in session. No council member
92 may incur per diem, travel or other expenses unless previously
93 authorized by vote, at a meeting of the council, which action must
94 be recorded in the official minutes of the meeting.



95 **SECTION 2.** Section 41-105-3, Mississippi Code of 1972, which
96 was repealed by operation of law by Section 7, Chapter 402, Laws
97 of 2017, is reenacted as follows:

98 41-105-3. The Healthcare Coordinating Council has the
99 following duties:

100 (a) Develop recommendations for a long-range preventive
101 health care plan for the period beginning July 1, 2025, through
102 July 1, 2035;

103 (b) Consider the feasibility of implementing the
104 following preventive health care strategies:

105 (i) Maternal and child health goals for
106 Mississippi, which shall include objectives to:

107 1. Reduce infant mortality by ten percent
108 (10%) by 2034;

109 2. Reduce low-birth weight by ten percent
110 (10%) by 2034;

111 3. Provide annual checkups for all mothers
112 and children enrolled in WIC; and

113 4. Increase breast-feeding rate to Southeast
114 region's average;

115 (ii) Health access goal for Mississippi shall be
116 to increase the number of citizens with health insurance coverage
117 by twenty-five percent (25%) by 2034;

118 (iii) Health education goals for Mississippi,
119 which shall include objectives to:

1. Establish an early childhood education foundation;
2. Implement comprehensive health education for all children, Grades K-6; and
3. Establish child screening referral initiatives;

(iv) Chronic disease goals for Mississippi, which shall include objectives to:

1. Develop a diabetes practice standards plan to reduce diabetes by five percent (5%) by 2034;
2. Lower the Mississippi obesity rate to less than twenty percent (20%) by 2029;
3. Create a comprehensive student education, screening and referral program; and
4. Develop a practice plan for Cardio-Vascular Disease (CVD); and

(v) Other health goals for Mississippi, which shall include objectives to:

1. Increase long-term care (LTC) options;
2. Encourage public and private employers to promote wellness;
3. Counsel and recruit youth in public schools to increase number of minorities in health professions; and



4. Increase the high school graduation rate

145 to seventy-five percent (75%) by 2029;

146 (c) Consider the feasibility of including additional
147 preventive health care strategies in the plan;

148 (d) For each element of the plan recommended by the
149 council, the following should be established:

150 (i) Performance benchmarks,

151 (ii) Projected costs, and

152 (iii) Projected benefits;

153 (e) At the meetings of the council, the council shall
154 review level of spending by category, revise spending estimates,
155 assess feasibility of expansions, consider cost options and note
156 changes in applicable federal policy;

157 (f) After the initial report to the 2026 Regular
158 Session of the Legislature, make an annual report to the
159 Legislature by September 1 on the status of the implementation of
160 the plan including recommendations for legislative action; and

161 (g) Make the annual report available to the public.

162 **SECTION 3.** This act shall take effect and be in force from
163 and after its passage.

