

By: Representative Scott

To: Public Health and Human  
Services

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2 CODE OF 1972, WHICH WERE REPEALED BY OPERATION OF LAW BY SECTION  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12 was repealed by operation of law by Section 7, Chapter 402, Laws  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.



22           (2) The council shall consist of fifteen (15) members to be  
23 appointed as follows:

24           (a) Two (2) members of the Mississippi House of  
25 Representatives appointed by the Speaker of the House of  
26 Representatives to serve four-year terms;

27           (b) Two (2) members of the Mississippi Senate appointed  
28 by the Lieutenant Governor to serve four-year terms;

29           (c) One (1) representative of an appropriate state  
30 agency appointed by the Lieutenant Governor to serve a six-year  
31 term;

32           (d) One (1) representative of an appropriate state  
33 agency appointed by the Speaker of the House of Representatives to  
34 serve a two-year term;

35           (e) Two (2) members from appropriate state agencies  
36 appointed by the Governor to serve four-year terms;

37           (f) One (1) registered appointed by the Governor to  
38 serve a two-year term;

39           (g) One (1) consumer of health care services who is not  
40 a health care provider appointed by the Lieutenant Governor to  
41 serve a four-year term;

42           (h) One (1) health advocate appointed by the Speaker of  
43 the House of Representatives to serve a six-year term;

44           (i) One (1) dietary nutritionist appointed by the  
45 Lieutenant Governor to serve a two-year term;



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

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

(l) One (1) consumer of health care services who is not a health care provider appointed by the Governor to serve a four-year term.

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

(4) The Lieutenant Governor and the Speaker of the House of Representatives shall jointly call the first meeting of the council on or before July 1, 2025. At its first meeting, the council shall elect a chairman and other necessary officers from among its membership. The chairman and other officers shall be elected annually by the council. The council shall adopt bylaws and rules for its efficient operation. The council may establish committees that will be responsible for conducting specific council programs or activities.

(5) The council shall meet and conduct business at least quarterly. All meetings of the council and any committees of the council will be open to the public, with opportunities for public comment provided on a regular basis. Notice of all meetings shall 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:



- 120 1. Establish an early childhood education  
121 foundation;
- 122 2. Implement comprehensive health education  
123 for all children, Grades K-6; and
- 124 3. Establish child screening referral  
125 initiatives;
- 126 (iv) Chronic disease goals for Mississippi, which  
127 shall include objectives to:
  - 128 1. Develop a diabetes practice standards plan  
129 to reduce diabetes by five percent (5%) by 2034;
  - 130 2. Lower the Mississippi obesity rate to less  
131 than twenty percent (20%) by 2029;
  - 132 3. Create a comprehensive student education,  
133 screening and referral program; and
  - 134 4. Develop a practice plan for  
135 Cardio-Vascular Disease (CVD); and
- 136 (v) Other health goals for Mississippi, which  
137 shall include objectives to:
  - 138 1. Increase long-term care (LTC) options;
  - 139 2. Encourage public and private employers to  
140 promote wellness;
  - 141 3. Counsel and recruit youth in public  
142 schools to increase number of minorities in health professions;  
143 and



144 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.

