

By: Representatives Felsher, Ford (54th)

To: Accountability,
Efficiency, TransparencyCOMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 924

1 AN ACT TO CREATE THE CREATING LOGIC FOR EFFICIENCY AND
2 ACCOUNTABILITY REFORM (CLEAR) ACT; TO CREATE NEW SECTION 5-3-77,
3 MISSISSIPPI CODE OF 1972, TO AUTHORIZE THE PEER COMMITTEE TO
4 ESTABLISH A PROGRAM OF REVIEWING SELECTED NEWLY ADOPTED STATE
5 AGENCY ADMINISTRATIVE RULES; TO PROVIDE THAT SUCH REVIEWS SHALL
6 PRODUCE A REPORT TO THE LEGISLATURE ON NEWLY ADOPTED STATE AGENCY
7 ADMINISTRATIVE RULES AND THEIR CONFORMITY TO THE INTENT OF THE LAW
8 AUTHORIZING THEM, AS WELL AS ANY OTHER MATTER THE COMMITTEE
9 CONSIDERS APPROPRIATE; TO AMEND SECTION 37-3-5, MISSISSIPPI CODE
10 OF 1972, TO REQUIRE THE STATE DEPARTMENT OF EDUCATION TO COLLECT
11 CERTAIN INFORMATION AND MAKE CERTAIN RECOMMENDATIONS REGARDING
12 SCHOOL DISTRICT TECHNOLOGY AND PLANS ADDRESSING TECHNOLOGY
13 DISASTER RECOVERY; TO AMEND SECTION 37-9-59, MISSISSIPPI CODE OF
14 1972, TO REQUIRE THE DEPARTMENT TO SET STANDARDS REGARDING
15 INVESTIGATIONS OF SCHOOL DISTRICT PERSONNEL; TO AMEND SECTION
16 37-13-137, MISSISSIPPI CODE OF 1972, TO REQUIRE THE DEPARTMENT TO
17 PROVIDE SCHOOL DISTRICTS WITH SUPPORT TO MAKE THEM MORE EFFICIENT
18 AND EFFECTIVE PLANNERS OF SCHOOL NUTRITION PROGRAMS; TO AMEND
19 SECTION 37-37-1, MISSISSIPPI CODE OF 1972, TO REQUIRE THE
20 DEPARTMENT OF EDUCATION TO ANNUALLY REVIEW ITS ACCOUNTING
21 PROCEDURES AND REQUIREMENTS FOR SCHOOL DISTRICTS TO ASSIST
22 DISTRICTS IN PROVIDING GREATER DETAIL, CLARITY, AND ACCURACY OF
23 DISTRICT REVENUES AND EXPENSES; TO AMEND SECTION 37-41-13,
24 MISSISSIPPI CODE OF 1972, TO REQUIRE THE DEPARTMENT TO ASSIST
25 SCHOOL DISTRICTS IN PLANNING TRANSPORTATION SERVICES; TO AMEND
26 SECTION 43-13-117, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THE
27 PEER COMMITTEE SHALL CONDUCT A PERFORMANCE EVALUATION OF THE
28 MEDICAID NONEMERGENCY TRANSPORTATION PROGRAM ONCE EVERY THREE
29 YEARS TO EVALUATE THE ADMINISTRATION OF THE PROGRAM AND THE
30 PROVIDERS OF TRANSPORTATION SERVICES TO DETERMINE THE MOST
31 COST-EFFECTIVE WAYS OF PROVIDING NONEMERGENCY TRANSPORTATION
32 SERVICES TO THE PATIENTS SERVED UNDER THE PROGRAM; TO CREATE THE
33 STATE BOARD OF HEALTH PROFESSIONS; TO PROVIDE THAT THE MEMBERS OF
34 THE BOARD SHALL BE ONE MEMBER FROM THE BOARDS OF MEDICAL



LICENSURE, PHARMACY, NURSING, CHIROPRACTIC EXAMINERS, DENTAL EXAMINERS AND OPTOMETRY, AND FIVE ADDITIONAL MEMBERS; TO PROVIDE THAT THE BOARD SHALL EVALUATE THE NEED FOR COORDINATION AMONG THE HEALTH REGULATORY BOARDS AND THEIR STAFFS, EVALUATE ALL HEALTH CARE PROFESSIONS AND OCCUPATIONS IN THE STATE AND CONSIDER WHETHER EACH SUCH PROFESSION OR OCCUPATION SHOULD BE REGULATED AND THE DEGREE OF REGULATION TO BE IMPOSED, SERVE AS A FORUM FOR RESOLVING CONFLICTS AMONG THE HEALTH REGULATORY BOARDS, ADVISE THE GOVERNOR AND THE LEGISLATURE ON MATTERS RELATING TO THE REGULATION OR DEREGULATION OF HEALTH CARE PROFESSIONS AND OCCUPATIONS, AND EXAMINE SCOPE OF PRACTICE CONFLICTS INVOLVING REGULATED AND UNREGULATED HEALTH CARE PROFESSIONS AND OCCUPATIONS AND ADVISE THE HEALTH REGULATORY BOARDS AND THE LEGISLATURE OF THE NATURE AND DEGREE OF SUCH CONFLICTS; TO PROVIDE THAT THE STATE DEPARTMENT OF HEALTH SHALL ANNUALLY REQUEST A BUDGET FOR THE STATE BOARD OF HEALTH PROFESSIONS AND SHALL PROVIDE A MEETING SPACE AND ADMINISTRATIVE SUPPORT FOR THE BOARD'S OPERATIONS; TO AMEND SECTION 37-181-5, MISSISSIPPI CODE OF 1972, TO DISTRIBUTE FUNDS FROM CLOSED ESA ACCOUNTS; TO AMEND SECTION 37-181-7, MISSISSIPPI CODE OF 1972, TO REVISE THE FUNDING FORMULA SO THAT THE ESA AMOUNT EQUALS THE ADJUSTED BASE STUDENT COST; TO AMEND SECTION 37-181-9, MISSISSIPPI CODE OF 1972, TO REQUIRE THE STATE DEPARTMENT OF EDUCATION TO IMPLEMENT AN APPLICATION OR AUTHORIZATION PROCESS TO DETERMINE THE ELIGIBILITY OF NONPUBLIC SCHOOLS TO PARTICIPATE IN THE ESA PROGRAM; TO AMEND SECTION 37-181-15, MISSISSIPPI CODE OF 1972, TO ADVISE PARENTS OF STUDENTS WHO QUALIFY FOR OTHER SCHOLARSHIP PROGRAMS TO APPLY FOR THOSE PROGRAMS INSTEAD OF THE ESA PROGRAM; TO LIMIT THE TYPES OF ASSESSMENTS TO REQUIRE STUDENTS TO TAKE THE SAME ASSESSMENT AT THE BEGINNING AND THE END OF THE SCHOOL YEAR; TO AMEND SECTION 37-181-17, MISSISSIPPI CODE OF 1972, TO REQUIRE NONPUBLIC SCHOOLS TO SUBMIT INFORMATION ABOUT SPECIAL EDUCATION SERVICES TO THE MISSISSIPPI DEPARTMENT OF EDUCATION; TO AMEND SECTION 47-5-579, MISSISSIPPI CODE OF 1972, TO CLARIFY THAT ALL PROGRAM WITHHOLDINGS FROM PARTICIPANTS OF THE PRISON INDUSTRIES CORPORATION'S WORK INITIATIVE PROGRAM SHALL BE CALCULATED BASED UPON PARTICIPANT WAGES AFTER MANDATORY DEDUCTIONS; TO REQUIRE ACCOUNTING OF ANY DEPENDENT SUPPORT PAYMENTS, FINES, RESTITUTIONS, FEES OR COSTS, AS ORDERED BY THE COURT, BE REPORTED FOR EACH WORK INITIATIVE PARTICIPANT; TO REQUIRE THAT THE REMAINING SENTENCE LENGTH OF SUCH PARTICIPANT BE COLLECTED, MAINTAINED AND REPORTED; AND TO REQUIRE THAT A FINANCIAL ACCOUNT CREATION DATE BE COLLECTED, MAINTAINED AND REPORTED FOR EACH PARTICIPANT; TO AMEND SECTION 37-28-7, MISSISSIPPI CODE OF 1972, TO ESTABLISH STAGGERED TERMS OF OFFICE FOR MEMBERS OF THE CHARTER SCHOOL AUTHORIZER BOARD; TO AMEND SECTION 37-28-11, MISSISSIPPI CODE OF 1972, TO ALLOW FOR THE MISSISSIPPI CHARTER SCHOOL AUTHORIZER BOARD TO RECEIVE UP TO 3% OF ANNUAL PER-PUPIL ALLOCATIONS RECEIVED BY A CHARTER SCHOOL FROM STATE AND LOCAL FUNDS FOR EACH CHARTER SCHOOL IT AUTHORIZES; TO AMEND SECTION 5-3-59, MISSISSIPPI CODE OF 1972, TO PROVIDE FOR CRIMINAL PENALTIES FOR PERSONS WHO FAIL TO COMPLY WITH SUBPOENAS



86 OF THE PEER COMMITTEE; TO CREATE NEW SECTION 5-3-60, MISSISSIPPI
87 CODE OF 1972, TO PROVIDE FOR CIVIL ENFORCEMENT OF PEER COMMITTEE
88 SUBPOENAS; TO AMEND SECTION 5-1-23 and 5-1-25, MISSISSIPPI CODE OF
89 1972, TO PROVIDE THAT THESE PROVISIONS RELATING TO WITNESSES
90 BEFORE LEGISLATIVE COMMITTEES ARE NOT APPLICABLE TO SUBPOENAS
91 ISSUED BY THE PEER COMMITTEE; TO AMEND SECTION 5-1-35, MISSISSIPPI
92 CODE OF 1972, TO PROVIDE THAT THE SERGEANT-AT-ARMS OF THE SENATE
93 SHALL SERVE PEER COMMITTEE SUBPOENAS UPON REQUEST; TO AMEND
94 SECTION 29-13-1, MISSISSIPPI CODE OF 1972, TO ALLOW FOR THE
95 DEPARTMENT OF FINANCE AND ADMINISTRATION TO ESTABLISH A
96 SELF-INSURANCE FUND OR SELF-INSURANCE RESERVES, OR ANY COMBINATION
97 THEREOF, TO INSURE STATE-OWNED BUILDINGS AND CONTENTS; TO REQUIRE
98 THE MISSISSIPPI SELF-INSURANCE TASK FORCE TO REPORT ON THE COST
99 BENEFITS OF SELF-INSURING BEFORE FUNDS ARE EXPENDED TO
100 SELF-INSURE; TO CREATE THE MISSISSIPPI SELF-INSURANCE TASK FORCE
101 TO STUDY, REPORT AND MAKE RECOMMENDATIONS REGARDING A
102 SELF-INSURANCE PLAN; TO PROVIDE CERTAIN ITEMS FOR THE TASK FORCE
103 TO STUDY, REPORT AND MAKE RECOMMENDATIONS ON; TO PROVIDE FOR THE
104 MEMBERSHIP AND MEETING PROCEDURE OF THE TASK FORCE; TO REQUIRE THE
105 TASK FORCE TO MAKE A REPORT OF ITS FINDINGS AND RECOMMENDATIONS,
106 INCLUDING ANY RECOMMENDED LEGISLATION, TO THE LIEUTENANT GOVERNOR,
107 SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE CHAIRS OF THE
108 INSURANCE COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND SENATE ON
109 OR BEFORE NOVEMBER 1, 2025, AT WHICH TIME THE TASK FORCE WILL BE
110 DISSOLVED; TO AMEND SECTION 31-11-3, MISSISSIPPI CODE OF 1972, TO
111 CONFORM; TO BRING FORWARD SECTIONS 37-29-67, 41-73-31, 37-7-303
112 AND 37-101-15, MISSISSIPPI CODE OF 1972, FOR THE PURPOSE OF
113 POSSIBLE AMENDMENT; AND FOR RELATED PURPOSES.

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

115 **SECTION 1.** The provisions of this act may be known and cited
116 as the "Creating Logic for Efficiency and Accountability Reform
117 (CLEAR) Act."

118 **SECTION 2.** The following shall be codified as Section
119 5-3-77, Mississippi Code of 1972:

120 5-3-77. (1) In addition to other duties and
121 responsibilities set out in this chapter, the PEER Committee is
122 authorized to establish a program of reviewing selected newly
123 adopted state agency administrative rules. Such reviews shall
124 produce a report to the Legislature on newly adopted state agency



administrative rules and their conformity to the intent of the law authorizing them, as well as any other matter the committee considers appropriate. Such reports shall also contain a recommendation for legislative action in cases where the committee believes that such is appropriate.

(2) From and after July 1, 2025, the committee may choose to select fifteen (15) rules adopted during the previous fiscal year for review. Reports on those rules shall be made to the Legislature no later than December 15, 2025. Thereafter, the committee may review up to thirty (30) newly adopted rules per year, with reports on those rules being made to the Legislature no later than December 15 of each year.

SECTION 3. Section 37-3-5, Mississippi Code of 1972, is amended as follows:

37-3-5. (1) (a) The State Department of Education is hereby charged with the execution of all laws relating to the administrative, supervisory and consultative services to the public schools and agricultural high schools of the school districts throughout the State of Mississippi. The State Department of Education is also authorized to grant property to public school districts and agricultural high schools of the State of Mississippi.

(b) Subject to the direction of the State Board of Education as provided by law, the administration, management and control of the department is hereby vested in the State



Superintendent of Public Education, who shall be directly responsible for the rightful functioning thereof.

(2) The State Department of Education shall aid school districts in creating technology and disaster recovery plans. The department shall develop a plan template and provide guidance documents for technology staff to use when developing these plans.

(3) In order for the State Department of Education to better understand the recourses and support needed to assist districts in improving their technology programs, the department shall conduct the following surveys at least every two (2) years:

(a) A detailed technology survey for district technology leaders; and

(b) A detailed survey for teaching staff regarding technology use in the classroom, including analyzing the effectiveness of the Equity in Distance Learning Act.

SECTION 4. Section 37-9-59, Mississippi Code of 1972, is amended as follows:

37-9-59. (1) For incompetence, neglect of duty, immoral conduct, intemperance, brutal treatment of a pupil or other good cause the superintendent of schools may dismiss or suspend any licensed employee in any school district. Before being so dismissed or suspended any licensed employee shall be notified of the charges against him and he shall be advised that he is entitled to a public hearing upon said charges. Provided, however, that a school superintendent whose employment has been



175 terminated under this section shall not have the right to request
176 a hearing before the school board or a hearing officer. Provided,
177 however, that a licensed employee in a conservator school district
178 whose employment has been terminated under this section for good
179 cause as determined by a conservator appointed by the State Board
180 of Education shall not have a right to request a hearing before
181 the school board, a hearing officer or the State Board of
182 Education. The conservator has the right to immediately terminate
183 a licensed employee under this section. In the event the
184 continued presence of said employee on school premises poses a
185 potential threat or danger to the health, safety or general
186 welfare of the students, or, in the discretion of the
187 superintendent, may interfere with or cause a disruption of normal
188 school operations, the superintendent may immediately release said
189 employee of all duties pending a hearing if one is requested by
190 the employee. In the event a licensed employee is arrested,
191 indicted or otherwise charged with a felony by a recognized law
192 enforcement official, the continued presence of the licensed
193 employee on school premises shall be deemed to constitute a
194 disruption of normal school operations. The school board, upon a
195 request for a hearing by the person so suspended or removed shall
196 set a date, time and place for such hearing which shall be not
197 sooner than five (5) days nor later than thirty (30) days from the
198 date of the request. The procedure for such hearing shall be as
199 prescribed for hearings before the board or hearing officer in



200 Section 37-9-111. From the decision made at said hearing, any
201 licensed employee shall be allowed an appeal to the chancery court
202 in the same manner as appeals are authorized in Section 37-9-113.
203 Any party aggrieved by action of the chancery court may appeal to
204 the Mississippi Supreme Court as provided by law. In the event
205 that a licensed employee is immediately relieved of duties pending
206 a hearing, as provided in this section, said employee shall be
207 entitled to compensation for a period up to and including the date
208 that the initial hearing is set by the school board, in the event
209 that there is a request for such a hearing by the employee. In
210 the event that an employee does not request a hearing within five
211 (5) calendar days of the date of the notice of discharge or
212 suspension, it shall constitute a waiver of all rights by said
213 employee and such discharge or suspension shall be effective on
214 the date set out in the notice to the employee.

215 (2) The school board of every school district in this state
216 is hereby prohibited from denying employment or reemployment to
217 any person as a superintendent, principal or licensed employee, as
218 defined in Section 37-19-1, or as a noninstructional personnel, as
219 defined in Section 37-9-1, for the single reason that any eligible
220 child of such person does not attend the school system in which
221 such superintendent, principal, licensed employee or
222 noninstructional personnel is employed.



(3) The provisions of this section shall be fully applicable to any administrator or employee of the Mississippi School of the Arts (MSA).

(4) The State Department of Education shall set parameters for districts as to what constitutes an employee misconduct investigation so that comparisons between districts can be made.

SECTION 5. Section 37-13-137, Mississippi Code of 1972, is amended as follows:

37-13-137. (1) The State Board of Education shall adopt regulations as provided in this section not later than March 1, 2008, which shall be effective for compliance by school districts beginning with the 2008-2009 school year, for the Child Nutrition School Breakfast and Lunch Programs that are not in conflict with the regulations of the United States Department of Agriculture (USDA). The regulations shall take into account the most recent and advanced scientific principles regarding good human health and fitness, and the effect of the regulations must be that the good health, well-being and fitness of Mississippi school children shall be advanced. The regulations shall include, but not be limited to, the following areas:

- (a) Healthy food and beverage choices;
- (b) Healthy food preparation;
- (c) Marketing of healthy food choices to students and staff;
- (d) Food preparation ingredients and products;



(e) Minimum and maximum time allotment for students and staff lunch and breakfast periods;

(f) The availability of food items during the lunch and breakfast periods of the Child Nutrition School Breakfast and Lunch Programs; and

(g) Methods to increase participation in the Child Nutrition School Breakfast and Lunch Programs.

(2) The Office of Healthy Schools of the State Department of Education shall provide comprehensive training for superintendents, business managers, food service directors and food service managers of a local school district, or the designees appointed by those individuals for training purposes, as required by the department on marketing healthy foods, creating a healthy cafeteria environment, effective and efficient food service operations, the standards and expectations of food service staff, and other topics as identified by the department. The department may determine the time and location of the trainings and the frequency with which they are held. Persons employed by a local school district having the certification as a Food Service Administrator III or IV shall be exempt from the training requirements of this subsection.

(3) Local school districts may adopt rules and regulations that may be more stringent but not in conflict with those adopted by the State Board of Education under this section.



272 (4) The State Department of Education shall develop guidance
273 to help district nutrition programs improve their meals per labor
274 hour to ensure efficiency and productivity in food service in
275 schools. The department shall develop a standardized guide to
276 assist districts with strategies to increase their breakfast
277 participation rates.

278 (5) The State Department of Education shall develop guidance
279 for districts on using any excess reserves in their nutrition
280 funds for allowable expenses that could contribute to a more
281 efficient nutrition program.

282 **SECTION 6.** Section 37-37-1, Mississippi Code of 1972, is
283 amended as follows:

284 37-37-1. (1) The State Department of Education is hereby
285 authorized and directed to prescribe and formulate for use by all
286 school districts of this state, including municipal separate
287 school districts, adequate accounting systems and other essential
288 financial records which shall be uniform for all of the school
289 districts of this state. Such uniform system shall include a
290 method of accounting for and keeping records of all funds
291 received, handled and disbursed by such school district, whether
292 derived from taxation or otherwise, including funds derived from
293 donations, athletic events and other special activities of the
294 school district. The uniform system of accounts so prescribed and
295 formulated by the State Department of Education shall be
296 distributed and disseminated to all of the school districts of



297 this state and it shall be mandatory that the boards of trustees
298 of all such school districts install, utilize and follow said
299 uniform system of accounts in keeping the financial records of the
300 school district. At the request of the Mississippi Department of
301 Education, the Office of the State Auditor shall provide advice
302 for implementation of this section.

303 (2) The State Department of Education shall annually review
304 its Accounting Manual for School Districts to determine whether it
305 should make revisions that would assist districts in providing
306 greater detail, clarity, and accuracy of district revenues and
307 expenses. The department shall report any recommendations to the
308 State Board of Education, the Mississippi House and Senate
309 Education Committees, and the PEER Committee no later than
310 December 14 of each year.

311 **SECTION 7.** Section 37-41-13, Mississippi Code of 1972, is
312 amended as follows:

313 37-41-13. (1) All routes shall be laid out so as to place
314 all pupils entitled to transportation within a reasonable distance
315 of same. No child entitled to transportation shall be required to
316 walk a greater distance than one mile to reach the vehicle of
317 transportation in the morning or to reach his home in the
318 afternoon.

319 (2) The State Department of Education shall develop guidance
320 for districts to use in assessing and optimizing bus routes with
321 the goal of improving transportation services and reducing costs.



SECTION 8. Section 43-13-117, Mississippi Code of 1972, is amended as follows:

43-13-117. (A) Medicaid as authorized by this article shall include payment of part or all of the costs, at the discretion of the division, with approval of the Governor and the Centers for Medicare and Medicaid Services, of the following types of care and services rendered to eligible applicants who have been determined to be eligible for that care and services, within the limits of state appropriations and federal matching funds:

(1) Inpatient hospital services.

(a) The division is authorized to implement an All Patient Refined Diagnosis Related Groups (APR-DRG) reimbursement methodology for inpatient hospital services.

(b) No service benefits or reimbursement limitations in this subsection (A)(1) shall apply to payments under an APR-DRG or Ambulatory Payment Classification (APC) model or a managed care program or similar model described in subsection (H) of this section unless specifically authorized by the division.

(2) Outpatient hospital services.

(a) Emergency services.

(b) Other outpatient hospital services. The division shall allow benefits for other medically necessary outpatient hospital services (such as chemotherapy, radiation, surgery and therapy), including outpatient services in a clinic or



other facility that is not located inside the hospital, but that has been designated as an outpatient facility by the hospital, and that was in operation or under construction on July 1, 2009, provided that the costs and charges associated with the operation of the hospital clinic are included in the hospital's cost report. In addition, the Medicare thirty-five-mile rule will apply to those hospital clinics not located inside the hospital that are constructed after July 1, 2009. Where the same services are reimbursed as clinic services, the division may revise the rate or methodology of outpatient reimbursement to maintain consistency, efficiency, economy and quality of care.

(c) The division is authorized to implement an Ambulatory Payment Classification (APC) methodology for outpatient hospital services. The division shall give rural hospitals that have fifty (50) or fewer licensed beds the option to not be reimbursed for outpatient hospital services using the APC methodology, but reimbursement for outpatient hospital services provided by those hospitals shall be based on one hundred one percent (101%) of the rate established under Medicare for outpatient hospital services. Those hospitals choosing to not be reimbursed under the APC methodology shall remain under cost-based reimbursement for a two-year period.

(d) No service benefits or reimbursement limitations in this subsection (A)(2) shall apply to payments under an APR-DRG or APC model or a managed care program or similar



model described in subsection (H) of this section unless specifically authorized by the division.

(3) Laboratory and x-ray services.

(4) Nursing facility services.

(a) The division shall make full payment to nursing facilities for each day, not exceeding forty-two (42) days per year, that a patient is absent from the facility on home leave. Payment may be made for the following home leave days in addition to the forty-two-day limitation: Christmas, the day before Christmas, the day after Christmas, Thanksgiving, the day before Thanksgiving and the day after Thanksgiving.

(b) From and after July 1, 1997, the division shall implement the integrated case-mix payment and quality monitoring system, which includes the fair rental system for property costs and in which recapture of depreciation is eliminated. The division may reduce the payment for hospital leave and therapeutic home leave days to the lower of the case-mix category as computed for the resident on leave using the assessment being utilized for payment at that point in time, or a case-mix score of 1.000 for nursing facilities, and shall compute case-mix scores of residents so that only services provided at the nursing facility are considered in calculating a facility's per diem.



395 (c) From and after July 1, 1997, all state-owned
396 nursing facilities shall be reimbursed on a full reasonable cost
397 basis.

398 (d) On or after January 1, 2015, the division
399 shall update the case-mix payment system resource utilization
400 grouper and classifications and fair rental reimbursement system.
401 The division shall develop and implement a payment add-on to
402 reimburse nursing facilities for ventilator-dependent resident
403 services.

404 (e) The division shall develop and implement, not
405 later than January 1, 2001, a case-mix payment add-on determined
406 by time studies and other valid statistical data that will
407 reimburse a nursing facility for the additional cost of caring for
408 a resident who has a diagnosis of Alzheimer's or other related
409 dementia and exhibits symptoms that require special care. Any
410 such case-mix add-on payment shall be supported by a determination
411 of additional cost. The division shall also develop and implement
412 as part of the fair rental reimbursement system for nursing
413 facility beds, an Alzheimer's resident bed depreciation enhanced
414 reimbursement system that will provide an incentive to encourage
415 nursing facilities to convert or construct beds for residents with
416 Alzheimer's or other related dementia.

417 (f) The division shall develop and implement an
418 assessment process for long-term care services. The division may



provide the assessment and related functions directly or through contract with the area agencies on aging.

The division shall apply for necessary federal waivers to assure that additional services providing alternatives to nursing facility care are made available to applicants for nursing facility care.

(5) Periodic screening and diagnostic services for individuals under age twenty-one (21) years as are needed to identify physical and mental defects and to provide health care treatment and other measures designed to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services, regardless of whether these services are included in the state plan. The division may include in its periodic screening and diagnostic program those discretionary services authorized under the federal regulations adopted to implement Title XIX of the federal Social Security Act, as amended. The division, in obtaining physical therapy services, occupational therapy services, and services for individuals with speech, hearing and language disorders, may enter into a cooperative agreement with the State Department of Education for the provision of those services to handicapped students by public school districts using state funds that are provided from the appropriation to the Department of Education to obtain federal matching funds through the division. The division, in obtaining medical and mental health assessments, treatment, care and



444 services for children who are in, or at risk of being put in, the
445 custody of the Mississippi Department of Human Services may enter
446 into a cooperative agreement with the Mississippi Department of
447 Human Services for the provision of those services using state
448 funds that are provided from the appropriation to the Department
449 of Human Services to obtain federal matching funds through the
450 division.

451 (6) Physician services. Fees for physician's services
452 that are covered only by Medicaid shall be reimbursed at ninety
453 percent (90%) of the rate established on January 1, 2018, and as
454 may be adjusted each July thereafter, under Medicare. The
455 division may provide for a reimbursement rate for physician's
456 services of up to one hundred percent (100%) of the rate
457 established under Medicare for physician's services that are
458 provided after the normal working hours of the physician, as
459 determined in accordance with regulations of the division. The
460 division may reimburse eligible providers, as determined by the
461 division, for certain primary care services at one hundred percent
462 (100%) of the rate established under Medicare. The division shall
463 reimburse obstetricians and gynecologists for certain primary care
464 services as defined by the division at one hundred percent (100%)
465 of the rate established under Medicare.

466 (7) (a) Home health services for eligible persons, not
467 to exceed in cost the prevailing cost of nursing facility
468 services. All home health visits must be precertified as required



by the division. In addition to physicians, certified registered nurse practitioners, physician assistants and clinical nurse specialists are authorized to prescribe or order home health services and plans of care, sign home health plans of care, certify and recertify eligibility for home health services and conduct the required initial face-to-face visit with the recipient of the services.

(b) [Repealed]

(8) Emergency medical transportation services as determined by the division.

(9) Prescription drugs and other covered drugs and services as determined by the division.

The division shall establish a mandatory preferred drug list. Drugs not on the mandatory preferred drug list shall be made available by utilizing prior authorization procedures established by the division.

The division may seek to establish relationships with other states in order to lower acquisition costs of prescription drugs to include single-source and innovator multiple-source drugs or generic drugs. In addition, if allowed by federal law or regulation, the division may seek to establish relationships with and negotiate with other countries to facilitate the acquisition of prescription drugs to include single-source and innovator multiple-source drugs or generic drugs, if that will lower the acquisition costs of those prescription drugs.



494 The division may allow for a combination of prescriptions for
495 single-source and innovator multiple-source drugs and generic
496 drugs to meet the needs of the beneficiaries.

497 The executive director may approve specific maintenance drugs
498 for beneficiaries with certain medical conditions, which may be
499 prescribed and dispensed in three-month supply increments.

500 Drugs prescribed for a resident of a psychiatric residential
501 treatment facility must be provided in true unit doses when
502 available. The division may require that drugs not covered by
503 Medicare Part D for a resident of a long-term care facility be
504 provided in true unit doses when available. Those drugs that were
505 originally billed to the division but are not used by a resident
506 in any of those facilities shall be returned to the billing
507 pharmacy for credit to the division, in accordance with the
508 guidelines of the State Board of Pharmacy and any requirements of
509 federal law and regulation. Drugs shall be dispensed to a
510 recipient and only one (1) dispensing fee per month may be
511 charged. The division shall develop a methodology for reimbursing
512 for restocked drugs, which shall include a restock fee as
513 determined by the division not exceeding Seven Dollars and
514 Eighty-two Cents (\$7.82).

515 Except for those specific maintenance drugs approved by the
516 executive director, the division shall not reimburse for any
517 portion of a prescription that exceeds a thirty-one-day supply of
518 the drug based on the daily dosage.



519 The division is authorized to develop and implement a program
520 of payment for additional pharmacist services as determined by the
521 division.

522 All claims for drugs for dually eligible Medicare/Medicaid
523 beneficiaries that are paid for by Medicare must be submitted to
524 Medicare for payment before they may be processed by the
525 division's online payment system.

526 The division shall develop a pharmacy policy in which drugs
527 in tamper-resistant packaging that are prescribed for a resident
528 of a nursing facility but are not dispensed to the resident shall
529 be returned to the pharmacy and not billed to Medicaid, in
530 accordance with guidelines of the State Board of Pharmacy.

531 The division shall develop and implement a method or methods
532 by which the division will provide on a regular basis to Medicaid
533 providers who are authorized to prescribe drugs, information about
534 the costs to the Medicaid program of single-source drugs and
535 innovator multiple-source drugs, and information about other drugs
536 that may be prescribed as alternatives to those single-source
537 drugs and innovator multiple-source drugs and the costs to the
538 Medicaid program of those alternative drugs.

539 Notwithstanding any law or regulation, information obtained
540 or maintained by the division regarding the prescription drug
541 program, including trade secrets and manufacturer or labeler
542 pricing, is confidential and not subject to disclosure except to
543 other state agencies.



The dispensing fee for each new or refill prescription, including nonlegend or over-the-counter drugs covered by the division, shall be not less than Three Dollars and Ninety-one Cents (\$3.91), as determined by the division.

The division shall not reimburse for single-source or innovator multiple-source drugs if there are equally effective generic equivalents available and if the generic equivalents are the least expensive.

It is the intent of the Legislature that the pharmacists providers be reimbursed for the reasonable costs of filling and dispensing prescriptions for Medicaid beneficiaries.

The division shall allow certain drugs, including physician-administered drugs, and implantable drug system devices, and medical supplies, with limited distribution or limited access for beneficiaries and administered in an appropriate clinical setting, to be reimbursed as either a medical claim or pharmacy claim, as determined by the division.

It is the intent of the Legislature that the division and any managed care entity described in subsection (H) of this section encourage the use of Alpha-Hydroxyprogesterone Caproate (17P) to prevent recurrent preterm birth.

(10) Dental and orthodontic services to be determined by the division.

The division shall increase the amount of the reimbursement rate for diagnostic and preventative dental services for each of



the fiscal years 2022, 2023 and 2024 by five percent (5%) above the amount of the reimbursement rate for the previous fiscal year. The division shall increase the amount of the reimbursement rate for restorative dental services for each of the fiscal years 2023, 2024 and 2025 by five percent (5%) above the amount of the reimbursement rate for the previous fiscal year. It is the intent of the Legislature that the reimbursement rate revision for preventative dental services will be an incentive to increase the number of dentists who actively provide Medicaid services. This dental services reimbursement rate revision shall be known as the "James Russell Dumas Medicaid Dental Services Incentive Program."

The Medical Care Advisory Committee, assisted by the Division of Medicaid, shall annually determine the effect of this incentive by evaluating the number of dentists who are Medicaid providers, the number who and the degree to which they are actively billing Medicaid, the geographic trends of where dentists are offering what types of Medicaid services and other statistics pertinent to the goals of this legislative intent. This data shall annually be presented to the Chair of the Senate Medicaid Committee and the Chair of the House Medicaid Committee.

The division shall include dental services as a necessary component of overall health services provided to children who are eligible for services.

(11) Eyeglasses for all Medicaid beneficiaries who have (a) had surgery on the eyeball or ocular muscle that results in a



vision change for which eyeglasses or a change in eyeglasses is medically indicated within six (6) months of the surgery and is in accordance with policies established by the division, or (b) one (1) pair every five (5) years and in accordance with policies established by the division. In either instance, the eyeglasses must be prescribed by a physician skilled in diseases of the eye or an optometrist, whichever the beneficiary may select.

(12) Intermediate care facility services.

(a) The division shall make full payment to all intermediate care facilities for individuals with intellectual disabilities for each day, not exceeding sixty-three (63) days per year, that a patient is absent from the facility on home leave. Payment may be made for the following home leave days in addition to the sixty-three-day limitation: Christmas, the day before Christmas, the day after Christmas, Thanksgiving, the day before Thanksgiving and the day after Thanksgiving.

(b) All state-owned intermediate care facilities for individuals with intellectual disabilities shall be reimbursed on a full reasonable cost basis.

(c) Effective January 1, 2015, the division shall update the fair rental reimbursement system for intermediate care facilities for individuals with intellectual disabilities.

(13) Family planning services, including drugs, supplies and devices, when those services are under the supervision of a physician or nurse practitioner.



619 (14) Clinic services. Preventive, diagnostic,
620 therapeutic, rehabilitative or palliative services that are
621 furnished by a facility that is not part of a hospital but is
622 organized and operated to provide medical care to outpatients.
623 Clinic services include, but are not limited to:

624 (a) Services provided by ambulatory surgical
625 centers (ACSS) as defined in Section 41-75-1(a); and

626 (b) Dialysis center services.

627 (15) Home- and community-based services for the elderly
628 and disabled, as provided under Title XIX of the federal Social
629 Security Act, as amended, under waivers, subject to the
630 availability of funds specifically appropriated for that purpose
631 by the Legislature.

632 (16) Mental health services. Certain services provided
633 by a psychiatrist shall be reimbursed at up to one hundred percent
634 (100%) of the Medicare rate. Approved therapeutic and case
635 management services (a) provided by an approved regional mental
636 health/intellectual disability center established under Sections
637 41-19-31 through 41-19-39, or by another community mental health
638 service provider meeting the requirements of the Department of
639 Mental Health to be an approved mental health/intellectual
640 disability center if determined necessary by the Department of
641 Mental Health, using state funds that are provided in the
642 appropriation to the division to match federal funds, or (b)
643 provided by a facility that is certified by the State Department



644 of Mental Health to provide therapeutic and case management
645 services, to be reimbursed on a fee for service basis, or (c)
646 provided in the community by a facility or program operated by the
647 Department of Mental Health. Any such services provided by a
648 facility described in subparagraph (b) must have the prior
649 approval of the division to be reimbursable under this section.

650 (17) Durable medical equipment services and medical
651 supplies. Precertification of durable medical equipment and
652 medical supplies must be obtained as required by the division.
653 The Division of Medicaid may require durable medical equipment
654 providers to obtain a surety bond in the amount and to the
655 specifications as established by the Balanced Budget Act of 1997.
656 A maximum dollar amount of reimbursement for noninvasive
657 ventilators or ventilation treatments properly ordered and being
658 used in an appropriate care setting shall not be set by any health
659 maintenance organization, coordinated care organization,
660 provider-sponsored health plan, or other organization paid for
661 services on a capitated basis by the division under any managed
662 care program or coordinated care program implemented by the
663 division under this section. Reimbursement by these organizations
664 to durable medical equipment suppliers for home use of noninvasive
665 and invasive ventilators shall be on a continuous monthly payment
666 basis for the duration of medical need throughout a patient's
667 valid prescription period.



668 (18) (a) Notwithstanding any other provision of this
669 section to the contrary, as provided in the Medicaid state plan
670 amendment or amendments as defined in Section 43-13-145(10), the
671 division shall make additional reimbursement to hospitals that
672 serve a disproportionate share of low-income patients and that
673 meet the federal requirements for those payments as provided in
674 Section 1923 of the federal Social Security Act and any applicable
675 regulations. It is the intent of the Legislature that the
676 division shall draw down all available federal funds allotted to
677 the state for disproportionate share hospitals. However, from and
678 after January 1, 1999, public hospitals participating in the
679 Medicaid disproportionate share program may be required to
680 participate in an intergovernmental transfer program as provided
681 in Section 1903 of the federal Social Security Act and any
682 applicable regulations.

683 (b) (i) 1. The division may establish a Medicare
684 Upper Payment Limits Program, as defined in Section 1902(a)(30) of
685 the federal Social Security Act and any applicable federal
686 regulations, or an allowable delivery system or provider payment
687 initiative authorized under 42 CFR 438.6(c), for hospitals,
688 nursing facilities and physicians employed or contracted by
689 hospitals.

690 2. The division shall establish a
691 Medicaid Supplemental Payment Program, as permitted by the federal
692 Social Security Act and a comparable allowable delivery system or



693 provider payment initiative authorized under 42 CFR 438.6(c), for
694 emergency ambulance transportation providers in accordance with
695 this subsection (A) (18) (b).

696 (ii) The division shall assess each hospital,
697 nursing facility, and emergency ambulance transportation provider
698 for the sole purpose of financing the state portion of the
699 Medicare Upper Payment Limits Program or other program(s)
700 authorized under this subsection (A) (18) (b). The hospital
701 assessment shall be as provided in Section 43-13-145(4) (a), and
702 the nursing facility and the emergency ambulance transportation
703 assessments, if established, shall be based on Medicaid
704 utilization or other appropriate method, as determined by the
705 division, consistent with federal regulations. The assessments
706 will remain in effect as long as the state participates in the
707 Medicare Upper Payment Limits Program or other program(s)
708 authorized under this subsection (A) (18) (b). In addition to the
709 hospital assessment provided in Section 43-13-145(4) (a), hospitals
710 with physicians participating in the Medicare Upper Payment Limits
711 Program or other program(s) authorized under this subsection
712 (A) (18) (b) shall be required to participate in an
713 intergovernmental transfer or assessment, as determined by the
714 division, for the purpose of financing the state portion of the
715 physician UPL payments or other payment(s) authorized under this
716 subsection (A) (18) (b).



(iii) Subject to approval by the Centers for Medicare and Medicaid Services (CMS) and the provisions of this subsection (A) (18) (b), the division shall make additional reimbursement to hospitals, nursing facilities, and emergency ambulance transportation providers for the Medicare Upper Payment Limits Program or other program(s) authorized under this subsection (A) (18) (b), and, if the program is established for physicians, shall make additional reimbursement for physicians, as defined in Section 1902(a) (30) of the federal Social Security Act and any applicable federal regulations, provided the assessment in this subsection (A) (18) (b) is in effect.

(iv) Notwithstanding any other provision of this article to the contrary, effective upon implementation of the Mississippi Hospital Access Program (MHAP) provided in subparagraph (c) (i) below, the hospital portion of the inpatient Upper Payment Limits Program shall transition into and be replaced by the MHAP program. However, the division is authorized to develop and implement an alternative fee-for-service Upper Payment Limits model in accordance with federal laws and regulations if necessary to preserve supplemental funding. Further, the division, in consultation with the hospital industry shall develop alternative models for distribution of medical claims and supplemental payments for inpatient and outpatient hospital services, and such models may include, but shall not be limited to the following: increasing rates for inpatient and outpatient



742 services; creating a low-income utilization pool of funds to
743 reimburse hospitals for the costs of uncompensated care, charity
744 care and bad debts as permitted and approved pursuant to federal
745 regulations and the Centers for Medicare and Medicaid Services;
746 supplemental payments based upon Medicaid utilization, quality,
747 service lines and/or costs of providing such services to Medicaid
748 beneficiaries and to uninsured patients. The goals of such
749 payment models shall be to ensure access to inpatient and
750 outpatient care and to maximize any federal funds that are
751 available to reimburse hospitals for services provided. Any such
752 documents required to achieve the goals described in this
753 paragraph shall be submitted to the Centers for Medicare and
754 Medicaid Services, with a proposed effective date of July 1, 2019,
755 to the extent possible, but in no event shall the effective date
756 of such payment models be later than July 1, 2020. The Chairmen
757 of the Senate and House Medicaid Committees shall be provided a
758 copy of the proposed payment model(s) prior to submission.
759 Effective July 1, 2018, and until such time as any payment
760 model(s) as described above become effective, the division, in
761 consultation with the hospital industry, is authorized to
762 implement a transitional program for inpatient and outpatient
763 payments and/or supplemental payments (including, but not limited
764 to, MHAP and directed payments), to redistribute available
765 supplemental funds among hospital providers, provided that when
766 compared to a hospital's prior year supplemental payments,



767 supplemental payments made pursuant to any such transitional
768 program shall not result in a decrease of more than five percent
769 (5%) and shall not increase by more than the amount needed to
770 maximize the distribution of the available funds.

771 (v) 1. To preserve and improve access to
772 ambulance transportation provider services, the division shall
773 seek CMS approval to make ambulance service access payments as set
774 forth in this subsection (A)(18)(b) for all covered emergency
775 ambulance services rendered on or after July 1, 2022, and shall
776 make such ambulance service access payments for all covered
777 services rendered on or after the effective date of CMS approval.

778 2. The division shall calculate the
779 ambulance service access payment amount as the balance of the
780 portion of the Medical Care Fund related to ambulance
781 transportation service provider assessments plus any federal
782 matching funds earned on the balance, up to, but not to exceed,
783 the upper payment limit gap for all emergency ambulance service
784 providers.

785 3. a. Except for ambulance services
786 exempt from the assessment provided in this paragraph (18)(b), all
787 ambulance transportation service providers shall be eligible for
788 ambulance service access payments each state fiscal year as set
789 forth in this paragraph (18)(b).

790 b. In addition to any other funds
791 paid to ambulance transportation service providers for emergency



medical services provided to Medicaid beneficiaries, each eligible ambulance transportation service provider shall receive ambulance service access payments each state fiscal year equal to the ambulance transportation service provider's upper payment limit gap. Subject to approval by the Centers for Medicare and Medicaid Services, ambulance service access payments shall be made no less than on a quarterly basis.

c. As used in this paragraph (18)(b)(v), the term "upper payment limit gap" means the difference between the total amount that the ambulance transportation service provider received from Medicaid and the average amount that the ambulance transportation service provider would have received from commercial insurers for those services reimbursed by Medicaid.

4. An ambulance service access payment shall not be used to offset any other payment by the division for emergency or nonemergency services to Medicaid beneficiaries.

(c) (i) Not later than December 1, 2015, the division shall, subject to approval by the Centers for Medicare and Medicaid Services (CMS), establish, implement and operate a Mississippi Hospital Access Program (MHAP) for the purpose of protecting patient access to hospital care through hospital inpatient reimbursement programs provided in this section designed to maintain total hospital reimbursement for inpatient services rendered by in-state hospitals and the out-of-state hospital that



817 is authorized by federal law to submit intergovernmental transfers
818 (IGTs) to the State of Mississippi and is classified as Level I
819 trauma center located in a county contiguous to the state line at
820 the maximum levels permissible under applicable federal statutes
821 and regulations, at which time the current inpatient Medicare
822 Upper Payment Limits (UPL) Program for hospital inpatient services
823 shall transition to the MHAP.

824 (ii) Subject to approval by the Centers for
825 Medicare and Medicaid Services (CMS), the MHAP shall provide
826 increased inpatient capitation (PMPM) payments to managed care
827 entities contracting with the division pursuant to subsection (H)
828 of this section to support availability of hospital services or
829 such other payments permissible under federal law necessary to
830 accomplish the intent of this subsection.

831 (iii) The intent of this subparagraph (c) is
832 that effective for all inpatient hospital Medicaid services during
833 state fiscal year 2016, and so long as this provision shall remain
834 in effect hereafter, the division shall to the fullest extent
835 feasible replace the additional reimbursement for hospital
836 inpatient services under the inpatient Medicare Upper Payment
837 Limits (UPL) Program with additional reimbursement under the MHAP
838 and other payment programs for inpatient and/or outpatient
839 payments which may be developed under the authority of this
840 paragraph.



841 (iv) The division shall assess each hospital
842 as provided in Section 43-13-145(4) (a) for the purpose of
843 financing the state portion of the MHAP, supplemental payments and
844 such other purposes as specified in Section 43-13-145. The
845 assessment will remain in effect as long as the MHAP and
846 supplemental payments are in effect.

847 (19) (a) Perinatal risk management services. The
848 division shall promulgate regulations to be effective from and
849 after October 1, 1988, to establish a comprehensive perinatal
850 system for risk assessment of all pregnant and infant Medicaid
851 recipients and for management, education and follow-up for those
852 who are determined to be at risk. Services to be performed
853 include case management, nutrition assessment/counseling,
854 psychosocial assessment/counseling and health education. The
855 division shall contract with the State Department of Health to
856 provide services within this paragraph (Perinatal High Risk
857 Management/Infant Services System (PHRM/ISS)). The State
858 Department of Health shall be reimbursed on a full reasonable cost
859 basis for services provided under this subparagraph (a).

860 (b) Early intervention system services. The
861 division shall cooperate with the State Department of Health,
862 acting as lead agency, in the development and implementation of a
863 statewide system of delivery of early intervention services, under
864 Part C of the Individuals with Disabilities Education Act (IDEA).
865 The State Department of Health shall certify annually in writing



to the executive director of the division the dollar amount of state early intervention funds available that will be utilized as a certified match for Medicaid matching funds. Those funds then shall be used to provide expanded targeted case management services for Medicaid eligible children with special needs who are eligible for the state's early intervention system.

Qualifications for persons providing service coordination shall be determined by the State Department of Health and the Division of Medicaid.

(20) Home- and community-based services for physically disabled approved services as allowed by a waiver from the United States Department of Health and Human Services for home- and community-based services for physically disabled people using state funds that are provided from the appropriation to the State Department of Rehabilitation Services and used to match federal funds under a cooperative agreement between the division and the department, provided that funds for these services are specifically appropriated to the Department of Rehabilitation Services.

(21) Nurse practitioner services. Services furnished by a registered nurse who is licensed and certified by the Mississippi Board of Nursing as a nurse practitioner, including, but not limited to, nurse anesthetists, nurse midwives, family nurse practitioners, family planning nurse practitioners, pediatric nurse practitioners, obstetrics-gynecology nurse



891 practitioners and neonatal nurse practitioners, under regulations
892 adopted by the division. Reimbursement for those services shall
893 not exceed ninety percent (90%) of the reimbursement rate for
894 comparable services rendered by a physician. The division may
895 provide for a reimbursement rate for nurse practitioner services
896 of up to one hundred percent (100%) of the reimbursement rate for
897 comparable services rendered by a physician for nurse practitioner
898 services that are provided after the normal working hours of the
899 nurse practitioner, as determined in accordance with regulations
900 of the division.

901 (22) Ambulatory services delivered in federally
902 qualified health centers, rural health centers and clinics of the
903 local health departments of the State Department of Health for
904 individuals eligible for Medicaid under this article based on
905 reasonable costs as determined by the division. Federally
906 qualified health centers shall be reimbursed by the Medicaid
907 prospective payment system as approved by the Centers for Medicare
908 and Medicaid Services. The division shall recognize federally
909 qualified health centers (FQHCs), rural health clinics (RHCs) and
910 community mental health centers (CMHCs) as both an originating and
911 distant site provider for the purposes of telehealth
912 reimbursement. The division is further authorized and directed to
913 reimburse FQHCs, RHCs and CMHCs for both distant site and
914 originating site services when such services are appropriately
915 provided by the same organization.



916 (23) Inpatient psychiatric services.

917 (a) Inpatient psychiatric services to be
918 determined by the division for recipients under age twenty-one
919 (21) that are provided under the direction of a physician in an
920 inpatient program in a licensed acute care psychiatric facility or
921 in a licensed psychiatric residential treatment facility, before
922 the recipient reaches age twenty-one (21) or, if the recipient was
923 receiving the services immediately before he or she reached age
924 twenty-one (21), before the earlier of the date he or she no
925 longer requires the services or the date he or she reaches age
926 twenty-two (22), as provided by federal regulations. From and
927 after January 1, 2015, the division shall update the fair rental
928 reimbursement system for psychiatric residential treatment
929 facilities. Precertification of inpatient days and residential
930 treatment days must be obtained as required by the division. From
931 and after July 1, 2009, all state-owned and state-operated
932 facilities that provide inpatient psychiatric services to persons
933 under age twenty-one (21) who are eligible for Medicaid
934 reimbursement shall be reimbursed for those services on a full
935 reasonable cost basis.

936 (b) The division may reimburse for services
937 provided by a licensed freestanding psychiatric hospital to
938 Medicaid recipients over the age of twenty-one (21) in a method
939 and manner consistent with the provisions of Section 43-13-117.5.

940 (24) [Deleted]



941 (25) [Deleted]

942 (26) Hospice care. As used in this paragraph, the term
943 "hospice care" means a coordinated program of active professional
944 medical attention within the home and outpatient and inpatient
945 care that treats the terminally ill patient and family as a unit,
946 employing a medically directed interdisciplinary team. The
947 program provides relief of severe pain or other physical symptoms
948 and supportive care to meet the special needs arising out of
949 physical, psychological, spiritual, social and economic stresses
950 that are experienced during the final stages of illness and during
951 dying and bereavement and meets the Medicare requirements for
952 participation as a hospice as provided in federal regulations.

953 (27) Group health plan premiums and cost-sharing if it
954 is cost-effective as defined by the United States Secretary of
955 Health and Human Services.

956 (28) Other health insurance premiums that are
957 cost-effective as defined by the United States Secretary of Health
958 and Human Services. Medicare eligible must have Medicare Part B
959 before other insurance premiums can be paid.

960 (29) The Division of Medicaid may apply for a waiver
961 from the United States Department of Health and Human Services for
962 home- and community-based services for developmentally disabled
963 people using state funds that are provided from the appropriation
964 to the State Department of Mental Health and/or funds transferred
965 to the department by a political subdivision or instrumentality of



966 the state and used to match federal funds under a cooperative
967 agreement between the division and the department, provided that
968 funds for these services are specifically appropriated to the
969 Department of Mental Health and/or transferred to the department
970 by a political subdivision or instrumentality of the state.

971 (30) Pediatric skilled nursing services as determined
972 by the division and in a manner consistent with regulations
973 promulgated by the Mississippi State Department of Health.

974 (31) Targeted case management services for children
975 with special needs, under waivers from the United States
976 Department of Health and Human Services, using state funds that
977 are provided from the appropriation to the Mississippi Department
978 of Human Services and used to match federal funds under a
979 cooperative agreement between the division and the department.

980 (32) Care and services provided in Christian Science
981 Sanatoria listed and certified by the Commission for Accreditation
982 of Christian Science Nursing Organizations/Facilities, Inc.,
983 rendered in connection with treatment by prayer or spiritual means
984 to the extent that those services are subject to reimbursement
985 under Section 1903 of the federal Social Security Act.

986 (33) Podiatrist services.

987 (34) Assisted living services as provided through
988 home- and community-based services under Title XIX of the federal
989 Social Security Act, as amended, subject to the availability of



funds specifically appropriated for that purpose by the
Legislature.

(35) Services and activities authorized in Sections
43-27-101 and 43-27-103, using state funds that are provided from
the appropriation to the Mississippi Department of Human Services
and used to match federal funds under a cooperative agreement
between the division and the department.

(36) Nonemergency transportation services for
Medicaid-eligible persons as determined by the division. The PEER
Committee shall conduct a performance evaluation of the
nonemergency transportation program to evaluate the administration
of the program and the providers of transportation services to
determine the most cost-effective ways of providing nonemergency
transportation services to the patients served under the program.
The performance evaluation shall be completed and provided to the
members of the Senate Medicaid Committee and the House Medicaid
Committee not later than January 1, * * * 2025, and once
every * * * three (3) years thereafter.

(37) [Deleted]

(38) Chiropractic services. A chiropractor's manual
manipulation of the spine to correct a subluxation, if x-ray
demonstrates that a subluxation exists and if the subluxation has
resulted in a neuromusculoskeletal condition for which
manipulation is appropriate treatment, and related spinal x-rays
performed to document these conditions. Reimbursement for



1015 chiropractic services shall not exceed Seven Hundred Dollars
1016 (\$700.00) per year per beneficiary.

1017 (39) Dually eligible Medicare/Medicaid beneficiaries.

1018 The division shall pay the Medicare deductible and coinsurance
1019 amounts for services available under Medicare, as determined by
1020 the division. From and after July 1, 2009, the division shall
1021 reimburse crossover claims for inpatient hospital services and
1022 crossover claims covered under Medicare Part B in the same manner
1023 that was in effect on January 1, 2008, unless specifically
1024 authorized by the Legislature to change this method.

1025 (40) [Deleted]

1026 (41) Services provided by the State Department of
1027 Rehabilitation Services for the care and rehabilitation of persons
1028 with spinal cord injuries or traumatic brain injuries, as allowed
1029 under waivers from the United States Department of Health and
1030 Human Services, using up to seventy-five percent (75%) of the
1031 funds that are appropriated to the Department of Rehabilitation
1032 Services from the Spinal Cord and Head Injury Trust Fund
1033 established under Section 37-33-261 and used to match federal
1034 funds under a cooperative agreement between the division and the
1035 department.

1036 (42) [Deleted]

1037 (43) The division shall provide reimbursement,
1038 according to a payment schedule developed by the division, for
1039 smoking cessation medications for pregnant women during their



1040 pregnancy and other Medicaid-eligible women who are of
1041 child-bearing age.

1042 (44) Nursing facility services for the severely
1043 disabled.

1044 (a) Severe disabilities include, but are not
1045 limited to, spinal cord injuries, closed-head injuries and
1046 ventilator-dependent patients.

1047 (b) Those services must be provided in a long-term
1048 care nursing facility dedicated to the care and treatment of
1049 persons with severe disabilities.

1050 (45) Physician assistant services. Services furnished
1051 by a physician assistant who is licensed by the State Board of
1052 Medical Licensure and is practicing with physician supervision
1053 under regulations adopted by the board, under regulations adopted
1054 by the division. Reimbursement for those services shall not
1055 exceed ninety percent (90%) of the reimbursement rate for
1056 comparable services rendered by a physician. The division may
1057 provide for a reimbursement rate for physician assistant services
1058 of up to one hundred percent (100%) or the reimbursement rate for
1059 comparable services rendered by a physician for physician
1060 assistant services that are provided after the normal working
1061 hours of the physician assistant, as determined in accordance with
1062 regulations of the division.

1063 (46) The division shall make application to the federal
1064 Centers for Medicare and Medicaid Services (CMS) for a waiver to



1065 develop and provide services for children with serious emotional
1066 disturbances as defined in Section 43-14-1(1), which may include
1067 home- and community-based services, case management services or
1068 managed care services through mental health providers certified by
1069 the Department of Mental Health. The division may implement and
1070 provide services under this waived program only if funds for
1071 these services are specifically appropriated for this purpose by
1072 the Legislature, or if funds are voluntarily provided by affected
1073 agencies.

1074 (47) (a) The division may develop and implement
1075 disease management programs for individuals with high-cost chronic
1076 diseases and conditions, including the use of grants, waivers,
1077 demonstrations or other projects as necessary.

1078 (b) Participation in any disease management
1079 program implemented under this paragraph (47) is optional with the
1080 individual. An individual must affirmatively elect to participate
1081 in the disease management program in order to participate, and may
1082 elect to discontinue participation in the program at any time.

1083 (48) Pediatric long-term acute care hospital services.

1084 (a) Pediatric long-term acute care hospital
1085 services means services provided to eligible persons under
1086 twenty-one (21) years of age by a freestanding Medicare-certified
1087 hospital that has an average length of inpatient stay greater than
1088 twenty-five (25) days and that is primarily engaged in providing



1089 chronic or long-term medical care to persons under twenty-one (21)
1090 years of age.

1091 (b) The services under this paragraph (48) shall
1092 be reimbursed as a separate category of hospital services.

1093 (49) The division may establish copayments and/or
1094 coinsurance for any Medicaid services for which copayments and/or
1095 coinsurance are allowable under federal law or regulation.

1096 (50) Services provided by the State Department of
1097 Rehabilitation Services for the care and rehabilitation of persons
1098 who are deaf and blind, as allowed under waivers from the United
1099 States Department of Health and Human Services to provide home-
1100 and community-based services using state funds that are provided
1101 from the appropriation to the State Department of Rehabilitation
1102 Services or if funds are voluntarily provided by another agency.

1103 (51) Upon determination of Medicaid eligibility and in
1104 association with annual redetermination of Medicaid eligibility,
1105 beneficiaries shall be encouraged to undertake a physical
1106 examination that will establish a base-line level of health and
1107 identification of a usual and customary source of care (a medical
1108 home) to aid utilization of disease management tools. This
1109 physical examination and utilization of these disease management
1110 tools shall be consistent with current United States Preventive
1111 Services Task Force or other recognized authority recommendations.



1112 For persons who are determined ineligible for Medicaid, the
1113 division will provide information and direction for accessing
1114 medical care and services in the area of their residence.

1115 (52) Notwithstanding any provisions of this article,
1116 the division may pay enhanced reimbursement fees related to trauma
1117 care, as determined by the division in conjunction with the State
1118 Department of Health, using funds appropriated to the State
1119 Department of Health for trauma care and services and used to
1120 match federal funds under a cooperative agreement between the
1121 division and the State Department of Health. The division, in
1122 conjunction with the State Department of Health, may use grants,
1123 waivers, demonstrations, enhanced reimbursements, Upper Payment
1124 Limits Programs, supplemental payments, or other projects as
1125 necessary in the development and implementation of this
1126 reimbursement program.

1127 (53) Targeted case management services for high-cost
1128 beneficiaries may be developed by the division for all services
1129 under this section.

1130 (54) [Deleted]

1131 (55) Therapy services. The plan of care for therapy
1132 services may be developed to cover a period of treatment for up to
1133 six (6) months, but in no event shall the plan of care exceed a
1134 six-month period of treatment. The projected period of treatment
1135 must be indicated on the initial plan of care and must be updated
1136 with each subsequent revised plan of care. Based on medical



1137 necessity, the division shall approve certification periods for
1138 less than or up to six (6) months, but in no event shall the
1139 certification period exceed the period of treatment indicated on
1140 the plan of care. The appeal process for any reduction in therapy
1141 services shall be consistent with the appeal process in federal
1142 regulations.

1143 (56) Prescribed pediatric extended care centers
1144 services for medically dependent or technologically dependent
1145 children with complex medical conditions that require continual
1146 care as prescribed by the child's attending physician, as
1147 determined by the division.

1148 (57) No Medicaid benefit shall restrict coverage for
1149 medically appropriate treatment prescribed by a physician and
1150 agreed to by a fully informed individual, or if the individual
1151 lacks legal capacity to consent by a person who has legal
1152 authority to consent on his or her behalf, based on an
1153 individual's diagnosis with a terminal condition. As used in this
1154 paragraph (57), "terminal condition" means any aggressive
1155 malignancy, chronic end-stage cardiovascular or cerebral vascular
1156 disease, or any other disease, illness or condition which a
1157 physician diagnoses as terminal.

1158 (58) Treatment services for persons with opioid
1159 dependency or other highly addictive substance use disorders. The
1160 division is authorized to reimburse eligible providers for
1161 treatment of opioid dependency and other highly addictive



substance use disorders, as determined by the division. Treatment related to these conditions shall not count against any physician visit limit imposed under this section.

(59) The division shall allow beneficiaries between the ages of ten (10) and eighteen (18) years to receive vaccines through a pharmacy venue. The division and the State Department of Health shall coordinate and notify OB-GYN providers that the Vaccines for Children program is available to providers free of charge.

(60) Border city university-affiliated pediatric teaching hospital.

(a) Payments may only be made to a border city university-affiliated pediatric teaching hospital if the Centers for Medicare and Medicaid Services (CMS) approve an increase in the annual request for the provider payment initiative authorized under 42 CFR Section 438.6(c) in an amount equal to or greater than the estimated annual payment to be made to the border city university-affiliated pediatric teaching hospital. The estimate shall be based on the hospital's prior year Mississippi managed care utilization.

(b) As used in this paragraph (60), the term "border city university-affiliated pediatric teaching hospital" means an out-of-state hospital located within a city bordering the eastern bank of the Mississippi River and the State of Mississippi that submits to the division a copy of a current and effective



1187 affiliation agreement with an accredited university and other
1188 documentation establishing that the hospital is
1189 university-affiliated, is licensed and designated as a pediatric
1190 hospital or pediatric primary hospital within its home state,
1191 maintains at least five (5) different pediatric specialty training
1192 programs, and maintains at least one hundred (100) operated beds
1193 dedicated exclusively for the treatment of patients under the age
1194 of twenty-one (21) years.

1195 (c) The cost of providing services to Mississippi
1196 Medicaid beneficiaries under the age of twenty-one (21) years who
1197 are treated by a border city university-affiliated pediatric
1198 teaching hospital shall not exceed the cost of providing the same
1199 services to individuals in hospitals in the state.

1200 (d) It is the intent of the Legislature that
1201 payments shall not result in any in-state hospital receiving
1202 payments lower than they would otherwise receive if not for the
1203 payments made to any border city university-affiliated pediatric
1204 teaching hospital.

1205 (e) This paragraph (60) shall stand repealed on
1206 July 1, 2024.

1207 (B) Planning and development districts participating in the
1208 home- and community-based services program for the elderly and
1209 disabled as case management providers shall be reimbursed for case
1210 management services at the maximum rate approved by the Centers
1211 for Medicare and Medicaid Services (CMS).



1212 (C) The division may pay to those providers who participate
1213 in and accept patient referrals from the division's emergency room
1214 redirection program a percentage, as determined by the division,
1215 of savings achieved according to the performance measures and
1216 reduction of costs required of that program. Federally qualified
1217 health centers may participate in the emergency room redirection
1218 program, and the division may pay those centers a percentage of
1219 any savings to the Medicaid program achieved by the centers'
1220 accepting patient referrals through the program, as provided in
1221 this subsection (C).

1222 (D) (1) As used in this subsection (D), the following terms
1223 shall be defined as provided in this paragraph, except as
1224 otherwise provided in this subsection:

1225 (a) "Committees" means the Medicaid Committees of
1226 the House of Representatives and the Senate, and "committee" means
1227 either one of those committees.

1228 (b) "Rate change" means an increase, decrease or
1229 other change in the payments or rates of reimbursement, or a
1230 change in any payment methodology that results in an increase,
1231 decrease or other change in the payments or rates of
1232 reimbursement, to any Medicaid provider that renders any services
1233 authorized to be provided to Medicaid recipients under this
1234 article.

1235 (2) Whenever the Division of Medicaid proposes a rate
1236 change, the division shall give notice to the chairmen of the



1237 committees at least thirty (30) calendar days before the proposed
1238 rate change is scheduled to take effect. The division shall
1239 furnish the chairmen with a concise summary of each proposed rate
1240 change along with the notice, and shall furnish the chairmen with
1241 a copy of any proposed rate change upon request. The division
1242 also shall provide a summary and copy of any proposed rate change
1243 to any other member of the Legislature upon request.

1244 (3) If the chairman of either committee or both
1245 chairmen jointly object to the proposed rate change or any part
1246 thereof, the chairman or chairmen shall notify the division and
1247 provide the reasons for their objection in writing not later than
1248 seven (7) calendar days after receipt of the notice from the
1249 division. The chairman or chairmen may make written
1250 recommendations to the division for changes to be made to a
1251 proposed rate change.

1252 (4) (a) The chairman of either committee or both
1253 chairmen jointly may hold a committee meeting to review a proposed
1254 rate change. If either chairman or both chairmen decide to hold a
1255 meeting, they shall notify the division of their intention in
1256 writing within seven (7) calendar days after receipt of the notice
1257 from the division, and shall set the date and time for the meeting
1258 in their notice to the division, which shall not be later than
1259 fourteen (14) calendar days after receipt of the notice from the
1260 division.



1261 (b) After the committee meeting, the committee or
1262 committees may object to the proposed rate change or any part
1263 thereof. The committee or committees shall notify the division
1264 and the reasons for their objection in writing not later than
1265 seven (7) calendar days after the meeting. The committee or
1266 committees may make written recommendations to the division for
1267 changes to be made to a proposed rate change.

1268 (5) If both chairmen notify the division in writing
1269 within seven (7) calendar days after receipt of the notice from
1270 the division that they do not object to the proposed rate change
1271 and will not be holding a meeting to review the proposed rate
1272 change, the proposed rate change will take effect on the original
1273 date as scheduled by the division or on such other date as
1274 specified by the division.

1275 (6) (a) If there are any objections to a proposed rate
1276 change or any part thereof from either or both of the chairmen or
1277 the committees, the division may withdraw the proposed rate
1278 change, make any of the recommended changes to the proposed rate
1279 change, or not make any changes to the proposed rate change.

1280 (b) If the division does not make any changes to
1281 the proposed rate change, it shall notify the chairmen of that
1282 fact in writing, and the proposed rate change shall take effect on
1283 the original date as scheduled by the division or on such other
1284 date as specified by the division.



1285 (c) If the division makes any changes to the
1286 proposed rate change, the division shall notify the chairmen of
1287 its actions in writing, and the revised proposed rate change shall
1288 take effect on the date as specified by the division.

1289 (7) Nothing in this subsection (D) shall be construed
1290 as giving the chairmen or the committees any authority to veto,
1291 nullify or revise any rate change proposed by the division. The
1292 authority of the chairmen or the committees under this subsection
1293 shall be limited to reviewing, making objections to and making
1294 recommendations for changes to rate changes proposed by the
1295 division.

1296 (E) Notwithstanding any provision of this article, no new
1297 groups or categories of recipients and new types of care and
1298 services may be added without enabling legislation from the
1299 Mississippi Legislature, except that the division may authorize
1300 those changes without enabling legislation when the addition of
1301 recipients or services is ordered by a court of proper authority.

1302 (F) The executive director shall keep the Governor advised
1303 on a timely basis of the funds available for expenditure and the
1304 projected expenditures. Notwithstanding any other provisions of
1305 this article, if current or projected expenditures of the division
1306 are reasonably anticipated to exceed the amount of funds
1307 appropriated to the division for any fiscal year, the Governor,
1308 after consultation with the executive director, shall take all



1309 appropriate measures to reduce costs, which may include, but are
1310 not limited to:

1311 (1) Reducing or discontinuing any or all services that
1312 are deemed to be optional under Title XIX of the Social Security
1313 Act;

1314 (2) Reducing reimbursement rates for any or all service
1315 types;

1316 (3) Imposing additional assessments on health care
1317 providers; or

1318 (4) Any additional cost-containment measures deemed
1319 appropriate by the Governor.

1320 To the extent allowed under federal law, any reduction to
1321 services or reimbursement rates under this subsection (F) shall be
1322 accompanied by a reduction, to the fullest allowable amount, to
1323 the profit margin and administrative fee portions of capitated
1324 payments to organizations described in paragraph (1) of subsection
1325 (H).

1326 Beginning in fiscal year 2010 and in fiscal years thereafter,
1327 when Medicaid expenditures are projected to exceed funds available
1328 for the fiscal year, the division shall submit the expected
1329 shortfall information to the PEER Committee not later than
1330 December 1 of the year in which the shortfall is projected to
1331 occur. PEER shall review the computations of the division and
1332 report its findings to the Legislative Budget Office not later
1333 than January 7 in any year.



1334 (G) Notwithstanding any other provision of this article, it
1335 shall be the duty of each provider participating in the Medicaid
1336 program to keep and maintain books, documents and other records as
1337 prescribed by the Division of Medicaid in accordance with federal
1338 laws and regulations.

1339 (H) (1) Notwithstanding any other provision of this
1340 article, the division is authorized to implement (a) a managed
1341 care program, (b) a coordinated care program, (c) a coordinated
1342 care organization program, (d) a health maintenance organization
1343 program, (e) a patient-centered medical home program, (f) an
1344 accountable care organization program, (g) provider-sponsored
1345 health plan, or (h) any combination of the above programs. As a
1346 condition for the approval of any program under this subsection
1347 (H)(1), the division shall require that no managed care program,
1348 coordinated care program, coordinated care organization program,
1349 health maintenance organization program, or provider-sponsored
1350 health plan may:

1351 (a) Pay providers at a rate that is less than the
1352 Medicaid All Patient Refined Diagnosis Related Groups (APR-DRG)
1353 reimbursement rate;

1354 (b) Override the medical decisions of hospital
1355 physicians or staff regarding patients admitted to a hospital for
1356 an emergency medical condition as defined by 42 US Code Section
1357 1395dd. This restriction (b) does not prohibit the retrospective
1358 review of the appropriateness of the determination that an



1359 emergency medical condition exists by chart review or coding
1360 algorithm, nor does it prohibit prior authorization for
1361 nonemergency hospital admissions;

1362 (c) Pay providers at a rate that is less than the
1363 normal Medicaid reimbursement rate. It is the intent of the
1364 Legislature that all managed care entities described in this
1365 subsection (H), in collaboration with the division, develop and
1366 implement innovative payment models that incentivize improvements
1367 in health care quality, outcomes, or value, as determined by the
1368 division. Participation in the provider network of any managed
1369 care, coordinated care, provider-sponsored health plan, or similar
1370 contractor shall not be conditioned on the provider's agreement to
1371 accept such alternative payment models;

1372 (d) Implement a prior authorization and
1373 utilization review program for medical services, transportation
1374 services and prescription drugs that is more stringent than the
1375 prior authorization processes used by the division in its
1376 administration of the Medicaid program. Not later than December
1377 2, 2021, the contractors that are receiving capitated payments
1378 under a managed care delivery system established under this
1379 subsection (H) shall submit a report to the Chairmen of the House
1380 and Senate Medicaid Committees on the status of the prior
1381 authorization and utilization review program for medical services,
1382 transportation services and prescription drugs that is required to
1383 be implemented under this subparagraph (d);



1384 (e) [Deleted]
1385 (f) Implement a preferred drug list that is more
1386 stringent than the mandatory preferred drug list established by
1387 the division under subsection (A)(9) of this section;
1388 (g) Implement a policy which denies beneficiaries
1389 with hemophilia access to the federally funded hemophilia
1390 treatment centers as part of the Medicaid Managed Care network of
1391 providers.

1392 Each health maintenance organization, coordinated care
1393 organization, provider-sponsored health plan, or other
1394 organization paid for services on a capitated basis by the
1395 division under any managed care program or coordinated care
1396 program implemented by the division under this section shall use a
1397 clear set of level of care guidelines in the determination of
1398 medical necessity and in all utilization management practices,
1399 including the prior authorization process, concurrent reviews,
1400 retrospective reviews and payments, that are consistent with
1401 widely accepted professional standards of care. Organizations
1402 participating in a managed care program or coordinated care
1403 program implemented by the division may not use any additional
1404 criteria that would result in denial of care that would be
1405 determined appropriate and, therefore, medically necessary under
1406 those levels of care guidelines.

1407 (2) Notwithstanding any provision of this section, the
1408 recipients eligible for enrollment into a Medicaid Managed Care



1409 Program authorized under this subsection (H) may include only
1410 those categories of recipients eligible for participation in the
1411 Medicaid Managed Care Program as of January 1, 2021, the
1412 Children's Health Insurance Program (CHIP), and the CMS-approved
1413 Section 1115 demonstration waivers in operation as of January 1,
1414 2021. No expansion of Medicaid Managed Care Program contracts may
1415 be implemented by the division without enabling legislation from
1416 the Mississippi Legislature.

1417 (3) (a) Any contractors receiving capitated payments
1418 under a managed care delivery system established in this section
1419 shall provide to the Legislature and the division statistical data
1420 to be shared with provider groups in order to improve patient
1421 access, appropriate utilization, cost savings and health outcomes
1422 not later than October 1 of each year. Additionally, each
1423 contractor shall disclose to the Chairmen of the Senate and House
1424 Medicaid Committees the administrative expenses costs for the
1425 prior calendar year, and the number of full-equivalent employees
1426 located in the State of Mississippi dedicated to the Medicaid and
1427 CHIP lines of business as of June 30 of the current year.

1428 (b) The division and the contractors participating
1429 in the managed care program, a coordinated care program or a
1430 provider-sponsored health plan shall be subject to annual program
1431 reviews or audits performed by the Office of the State Auditor,
1432 the PEER Committee, the Department of Insurance and/or independent
1433 third parties.



1434 (c) Those reviews shall include, but not be
1435 limited to, at least two (2) of the following items:

1436 (i) The financial benefit to the State of
1437 Mississippi of the managed care program,

1438 (ii) The difference between the premiums paid
1439 to the managed care contractors and the payments made by those
1440 contractors to health care providers,

1441 (iii) Compliance with performance measures
1442 required under the contracts,

1443 (iv) Administrative expense allocation
1444 methodologies,

1445 (v) Whether nonprovider payments assigned as
1446 medical expenses are appropriate,

1447 (vi) Capitated arrangements with related
1448 party subcontractors,

1449 (vii) Reasonableness of corporate
1450 allocations,

1451 (viii) Value-added benefits and the extent to
1452 which they are used,

1453 (ix) The effectiveness of subcontractor
1454 oversight, including subcontractor review,

1455 (x) Whether health care outcomes have been
1456 improved, and

1457 (xi) The most common claim denial codes to
1458 determine the reasons for the denials.



1459 The audit reports shall be considered public documents and
1460 shall be posted in their entirety on the division's website.

1461 (4) All health maintenance organizations, coordinated
1462 care organizations, provider-sponsored health plans, or other
1463 organizations paid for services on a capitated basis by the
1464 division under any managed care program or coordinated care
1465 program implemented by the division under this section shall
1466 reimburse all providers in those organizations at rates no lower
1467 than those provided under this section for beneficiaries who are
1468 not participating in those programs.

1469 (5) No health maintenance organization, coordinated
1470 care organization, provider-sponsored health plan, or other
1471 organization paid for services on a capitated basis by the
1472 division under any managed care program or coordinated care
1473 program implemented by the division under this section shall
1474 require its providers or beneficiaries to use any pharmacy that
1475 ships, mails or delivers prescription drugs or legend drugs or
1476 devices.

1477 (6) (a) Not later than December 1, 2021, the
1478 contractors who are receiving capitated payments under a managed
1479 care delivery system established under this subsection (H) shall
1480 develop and implement a uniform credentialing process for
1481 providers. Under that uniform credentialing process, a provider
1482 who meets the criteria for credentialing will be credentialed with
1483 all of those contractors and no such provider will have to be



1484 separately credentialed by any individual contractor in order to
1485 receive reimbursement from the contractor. Not later than
1486 December 2, 2021, those contractors shall submit a report to the
1487 Chairmen of the House and Senate Medicaid Committees on the status
1488 of the uniform credentialing process for providers that is
1489 required under this subparagraph (a).

1490 (b) If those contractors have not implemented a
1491 uniform credentialing process as described in subparagraph (a) by
1492 December 1, 2021, the division shall develop and implement, not
1493 later than July 1, 2022, a single, consolidated credentialing
1494 process by which all providers will be credentialed. Under the
1495 division's single, consolidated credentialing process, no such
1496 contractor shall require its providers to be separately
1497 credentialed by the contractor in order to receive reimbursement
1498 from the contractor, but those contractors shall recognize the
1499 credentialing of the providers by the division's credentialing
1500 process.

1501 (c) The division shall require a uniform provider
1502 credentialing application that shall be used in the credentialing
1503 process that is established under subparagraph (a) or (b). If the
1504 contractor or division, as applicable, has not approved or denied
1505 the provider credentialing application within sixty (60) days of
1506 receipt of the completed application that includes all required
1507 information necessary for credentialing, then the contractor or
1508 division, upon receipt of a written request from the applicant and



1509 within five (5) business days of its receipt, shall issue a
1510 temporary provider credential/enrollment to the applicant if the
1511 applicant has a valid Mississippi professional or occupational
1512 license to provide the health care services to which the
1513 credential/enrollment would apply. The contractor or the division
1514 shall not issue a temporary credential/enrollment if the applicant
1515 has reported on the application a history of medical or other
1516 professional or occupational malpractice claims, a history of
1517 substance abuse or mental health issues, a criminal record, or a
1518 history of medical or other licensing board, state or federal
1519 disciplinary action, including any suspension from participation
1520 in a federal or state program. The temporary
1521 credential/enrollment shall be effective upon issuance and shall
1522 remain in effect until the provider's credentialing/enrollment
1523 application is approved or denied by the contractor or division.
1524 The contractor or division shall render a final decision regarding
1525 credentialing/enrollment of the provider within sixty (60) days
1526 from the date that the temporary provider credential/enrollment is
1527 issued to the applicant.

1528 (d) If the contractor or division does not render
1529 a final decision regarding credentialing/enrollment of the
1530 provider within the time required in subparagraph (c), the
1531 provider shall be deemed to be credentialed by and enrolled with
1532 all of the contractors and eligible to receive reimbursement from
1533 the contractors.



1534 (7) (a) Each contractor that is receiving capitated
1535 payments under a managed care delivery system established under
1536 this subsection (H) shall provide to each provider for whom the
1537 contractor has denied the coverage of a procedure that was ordered
1538 or requested by the provider for or on behalf of a patient, a
1539 letter that provides a detailed explanation of the reasons for the
1540 denial of coverage of the procedure and the name and the
1541 credentials of the person who denied the coverage. The letter
1542 shall be sent to the provider in electronic format.

1543 (b) After a contractor that is receiving capitated
1544 payments under a managed care delivery system established under
1545 this subsection (H) has denied coverage for a claim submitted by a
1546 provider, the contractor shall issue to the provider within sixty
1547 (60) days a final ruling of denial of the claim that allows the
1548 provider to have a state fair hearing and/or agency appeal with
1549 the division. If a contractor does not issue a final ruling of
1550 denial within sixty (60) days as required by this subparagraph
1551 (b), the provider's claim shall be deemed to be automatically
1552 approved and the contractor shall pay the amount of the claim to
1553 the provider.

1554 (c) After a contractor has issued a final ruling
1555 of denial of a claim submitted by a provider, the division shall
1556 conduct a state fair hearing and/or agency appeal on the matter of
1557 the disputed claim between the contractor and the provider within



sixty (60) days, and shall render a decision on the matter within thirty (30) days after the date of the hearing and/or appeal.

(8) It is the intention of the Legislature that the division evaluate the feasibility of using a single vendor to administer pharmacy benefits provided under a managed care delivery system established under this subsection (H). Providers of pharmacy benefits shall cooperate with the division in any transition to a carve-out of pharmacy benefits under managed care.

(9) The division shall evaluate the feasibility of using a single vendor to administer dental benefits provided under a managed care delivery system established in this subsection (H). Providers of dental benefits shall cooperate with the division in any transition to a carve-out of dental benefits under managed care.

(10) It is the intent of the Legislature that any contractor receiving capitated payments under a managed care delivery system established in this section shall implement innovative programs to improve the health and well-being of members diagnosed with prediabetes and diabetes.

(11) It is the intent of the Legislature that any contractors receiving capitated payments under a managed care delivery system established under this subsection (H) shall work with providers of Medicaid services to improve the utilization of long-acting reversible contraceptives (LARCs). Not later than December 1, 2021, any contractors receiving capitated payments



1583 under a managed care delivery system established under this
1584 subsection (H) shall provide to the Chairmen of the House and
1585 Senate Medicaid Committees and House and Senate Public Health
1586 Committees a report of LARC utilization for State Fiscal Years
1587 2018 through 2020 as well as any programs, initiatives, or efforts
1588 made by the contractors and providers to increase LARC
1589 utilization. This report shall be updated annually to include
1590 information for subsequent state fiscal years.

1591 (12) The division is authorized to make not more than
1592 one (1) emergency extension of the contracts that are in effect on
1593 July 1, 2021, with contractors who are receiving capitated
1594 payments under a managed care delivery system established under
1595 this subsection (H), as provided in this paragraph (12). The
1596 maximum period of any such extension shall be one (1) year, and
1597 under any such extensions, the contractors shall be subject to all
1598 of the provisions of this subsection (H). The extended contracts
1599 shall be revised to incorporate any provisions of this subsection
1600 (H).

1601 (I) [Deleted]

1602 (J) There shall be no cuts in inpatient and outpatient
1603 hospital payments, or allowable days or volumes, as long as the
1604 hospital assessment provided in Section 43-13-145 is in effect.
1605 This subsection (J) shall not apply to decreases in payments that
1606 are a result of: reduced hospital admissions, audits or payments



under the APR-DRG or APC models, or a managed care program or similar model described in subsection (H) of this section.

(K) In the negotiation and execution of such contracts involving services performed by actuarial firms, the Executive Director of the Division of Medicaid may negotiate a limitation on liability to the state of prospective contractors.

(L) The Division of Medicaid shall reimburse for services provided to eligible Medicaid beneficiaries by a licensed birthing center in a method and manner to be determined by the division in accordance with federal laws and federal regulations. The division shall seek any necessary waivers, make any required amendments to its State Plan or revise any contracts authorized under subsection (H) of this section as necessary to provide the services authorized under this subsection. As used in this subsection, the term "birthing centers" shall have the meaning as defined in Section 41-77-1(a), which is a publicly or privately owned facility, place or institution constructed, renovated, leased or otherwise established where nonemergency births are planned to occur away from the mother's usual residence following a documented period of prenatal care for a normal uncomplicated pregnancy which has been determined to be low risk through a formal risk-scoring examination.

(M) This section shall stand repealed on July 1, 2028.

SECTION 9. The Legislature finds that:



(a) There is a growing complexity in health professions that can lead to the overlapping of existing licensed professions;

(b) The Legislature is often called upon to make decisions about issues related to the scope of professional practice for multiple regulated health professions; and

(c) A source of sound policy guidance could provide the Legislature with meaningful assistance in addressing these issues.

SECTION 10. (1) There is created the State Board of Health Professions, which shall consist of one (1) member from each of the following health regulatory boards:

(a) The State Board of Medical Licensure;

(b) The State Board of Pharmacy;

(c) The Mississippi Board of Nursing;

(d) The State Board of Chiropractic Examiners;

(e) The State Board of Dental Examiners; and

(f) The State Board of Optometry.

(2) The members described in subsection (1) shall be appointed by the Governor for terms of four (4) years and until their successor is duly qualified. Terms shall begin on July 1 and end on June 30.

(3) In addition to the members provided for in subsection (1), there shall be five (5) members to be appointed by the Governor from the state at large, with the advice and consent of the Senate. The term for members appointed under this subsection shall be for four (4) years and until their successor is duly



1656 qualified. Terms shall begin on July 1 and end on June 30. These
1657 members shall not hold a license to practice any of the
1658 professions regulated by the boards listed in subsection (1).

1659 (4) No member of the State Board of Health Professions who
1660 represents a health regulatory board shall continue serving as a
1661 member of the State Board of Health Professions after he or she
1662 ceases to be a member of the health regulatory board from which he
1663 or she was appointed.

1664 **SECTION 11.** The chairman of the State Board of Health
1665 Professions shall be elected by the board from its members. The
1666 board shall meet at least annually and may hold additional
1667 meetings as necessary to perform its duties. Six (6) members of
1668 the board shall constitute a quorum for the conduct of business.
1669 Members of the board shall be entitled to actual travel expenses
1670 including mileage as provided in Section 25-3-41 and a per diem
1671 for attending meetings of the board in the amount provided in
1672 Section 25-3-69.

1673 **SECTION 12.** The State Board of Health Professions shall have
1674 the following powers and duties:

1675 (a) To evaluate the need for coordination among the
1676 health regulatory boards and their staffs and report its findings
1677 and recommendations to the boards;

1678 (b) To evaluate all health care professions and
1679 occupations in the state, including those regulated and those not
1680 regulated by other provisions of Title 73, Mississippi Code of



1681 1972, and to consider whether each such profession or occupation
1682 should be regulated and the degree of regulation to be imposed.
1683 Whenever the board determines that the public interest requires
1684 that a health care profession or occupation that is not regulated
1685 by law should be regulated, the board shall recommend to the
1686 Legislature a regulatory system to establish the appropriate
1687 degree of regulation;

1688 (c) To serve as a forum for resolving conflicts among
1689 the health regulatory boards;

1690 (d) To advise the Governor and the Legislature on
1691 matters relating to the regulation or deregulation of health care
1692 professions and occupations;

1693 (e) To make bylaws for the governing of the board and
1694 the proper fulfillment of its duties under this chapter;

1695 (f) To promote the development of standards to evaluate
1696 the competency of the professions and occupations represented on
1697 the board;

1698 (g) To review periodically the investigatory,
1699 disciplinary, and enforcement processes of the individual health
1700 regulatory boards to ensure the protection of the public and the
1701 fair and equitable treatment of health professionals; and

1702 (h) To examine scope of practice conflicts involving
1703 regulated and unregulated health care professions and occupations
1704 and advise the health regulatory boards and the Legislature of the
1705 nature and degree of such conflicts.



1706 **SECTION 13.** The State Department of Health shall annually
1707 request a budget for the State Board of Health Professions and
1708 shall provide a meeting space and administrative support for the
1709 board's operations.

1710 **SECTION 14.** Sections 9 through 13 of this act shall be
1711 codified as a new Chapter 44 in Title 73, Mississippi Code of
1712 1972.

1713 **SECTION 15.** Section 37-181-5, Mississippi Code of 1972, is
1714 amended as follows:

1715 37-181-5. (1) An eligible student shall qualify to
1716 participate in the ESA program if the parent or guardian signs an
1717 agreement promising:

1718 (a) To provide an organized, appropriate educational
1719 program with measurable annual goals to their participating
1720 student and to provide an education for the participating student
1721 in at least the subjects of reading, grammar, mathematics, social
1722 studies and science;

1723 (b) To document their participating student's
1724 disability at intervals and in a manner required under subsection
1725 (8) of this section;

1726 (c) Not to enroll their participating student in a
1727 public school and to acknowledge as part of the agreement that the
1728 eligible school has provided clear notice to the parent or
1729 guardian that the participating student has no individual
1730 entitlement to a free appropriate public education (FAPE) from



1731 their home school district, including special education and
1732 related services, for as long as the student is participating in
1733 the ESA program;

1734 (d) Not to file for their participating student a
1735 certificate of enrollment indicating participation in a home
1736 instruction program under Section 37-13-91, Mississippi Code of
1737 1972; and

1738 (e) Not to participate in the Mississippi Dyslexia
1739 Therapy Scholarship for Students with Dyslexia Program or the
1740 Mississippi Speech-Language Therapy Scholarship for Students with
1741 Speech-Language Impairments Program while participating in the ESA
1742 program.

1743 (2) Parents or guardians shall use the funds deposited in a
1744 participating student's ESA for any of the following qualifying
1745 expenses, which shall be incurred within the awarded ESA school
1746 year, to educate the student using any of the below methods or
1747 combination of methods that meet the requirement in subsection
1748 (1)(a) of this section:

1749 (a) Tuition and/or academic fees at an eligible school;

1750 (b) Textbooks related to academic coursework;

1751 (c) Payment to a tutor, as defined in Section
1752 37-181-3(h);

1753 (d) Payment for purchase of curriculum, including any
1754 supplemental materials required by the curriculum;



1755 (e) Fees for nationally standardized norm-referenced
1756 achievement tests, including alternate assessments; and fees for
1757 Advanced Placement examinations or similar courses and any
1758 examinations related to college or university admission;

1759 (f) Educational services or therapies from a licensed
1760 or certified practitioner or provider, including licensed or
1761 certified paraprofessionals or educational aides;

1762 (g) Tuition and fees related to dual enrollment at a
1763 postsecondary institution;

1764 (h) Textbooks related to academic coursework at a
1765 postsecondary institution;

1766 (i) Surety bond payments if required by the department;

1767 (j) No more than Fifty Dollars (\$50.00) in annual
1768 consumable school supplies necessary for educational services and
1769 therapies, daily classroom activities, and tutoring;

1770 (k) Computer hardware and software and other
1771 technological devices if an eligible school, licensed or certified
1772 tutor, licensed or certified educational service practitioner or
1773 provider, or licensed medical professional verifies in writing
1774 that these items are essential for the student to meet annual,
1775 measurable educational and academic goals or goals within the
1776 scope of the eligible student's IEP. Once a student is no longer
1777 participating in the ESA program, computer hardware and software
1778 and other technological devices purchased with ESA funds shall be
1779 donated to a public school or public library. Qualifying expenses



1780 for computer hardware and software include only those expenses
1781 incurred within the awarded ESA school year.

1782 (3) To qualify to participate in the program, the parent or
1783 guardian of an eligible student shall also certify to the
1784 department that they have been accepted into an eligible school
1785 qualified to provide services for the participating student's
1786 disability or special education needs, or provide services
1787 addressing a participating student's IEP, as required under this
1788 chapter.

1789 (4) Neither a participating student, nor anyone on the
1790 student's behalf, may receive cash or cash-equivalent items, such
1791 as gift cards or store credit, from any refunds or rebates from
1792 any provider of services or products in the ESA program. Any
1793 refunds or rebates shall be credited directly to the participating
1794 student's ESA. The funds in an ESA may only be used for
1795 education-related purposes as defined in this chapter.

1796 (5) (a) Eligible schools, postsecondary institutions and
1797 educational service providers that serve participating students
1798 shall provide the parent or guardian who submitted the ESA program
1799 application with an original itemized receipt, including the
1800 service provider's name and address, for all qualifying expenses.
1801 The parent or guardian who submitted the ESA application shall
1802 provide the original itemized receipt to the department.

1803 (b) In lieu of providing the parent or guardian who
1804 submitted the ESA program application with an original itemized



1805 receipt, the eligible schools, postsecondary institutions and
1806 educational service providers may provide to the department an
1807 original itemized receipt approved and signed off on by the parent
1808 or guardian who submitted the ESA application, including the
1809 service provider's name and address, for all qualifying expenses.

1810 (6) Payment for educational services through an ESA shall
1811 not preclude parents or guardians from paying for educational
1812 services using non-ESA funds.

1813 (7) For purposes of continuity of educational attainment,
1814 students who enroll in the ESA program shall remain eligible to
1815 receive quarterly ESA payments until the participating student
1816 returns to a public school, completes high school, completes the
1817 school year in which the student reaches the age of twenty-one
1818 (21), or does not have eligibility verified by a parent or
1819 guardian as required under subsection (8) of this section,
1820 whichever occurs first.

1821 (8) Any funds remaining in a student's Education Scholarship
1822 Account upon completion of high school shall be returned to the
1823 state's General Fund.

1824 (9) Every three (3) years after initial enrollment in the
1825 ESA program, a parent or guardian of a participating student,
1826 except a student diagnosed as being a person with a permanent
1827 disability, shall document that the student continues to be
1828 identified by the school district, a federal or state government
1829 agency, or a licensed physician or psychometrist as a child with a



1830 disability, as defined by the federal Individuals with
1831 Disabilities Education Act (20 USCS Section 1401(3)).

1832 (10) An eligible student shall be allowed to return to his
1833 home school district at any time after enrolling in the ESA
1834 program, in compliance with regulations adopted by the department
1835 providing for the least disruptive process for doing so. Upon the
1836 participating student's return to his or her home school district,
1837 the student's Education Scholarship Account shall be closed and
1838 any remaining funds shall be distributed to the student's home
1839 school district at the end of the awarded ESA school year. In
1840 accordance with the provisions of subsection (2) and subsection
1841 (5) of this section, the parent, guardian, eligible school or
1842 educational service provider may request reimbursement by
1843 submitting receipts for qualifying expenses up to thirty (30)
1844 calendar days after the student returns to a public school in his
1845 or her home school district. If the student returns to the public
1846 school on or after May 1 of the school year, the parent, guardian,
1847 eligible school or educational service provider may submit
1848 reimbursement requests until June 30. Any remaining funds after
1849 these requests shall be distributed to the student's home school
1850 district within fifteen (15) calendar days of the end of the
1851 applicable expense request deadline. If no requests are received
1852 by the department on or before June 30, any remaining funds in the
1853 student's Education Scholarship Account shall be returned to the
1854 State General Fund.



1855 **SECTION 16.** Section 37-181-7, Mississippi Code of 1972, is
1856 amended as follows:

1857 37-181-7. (1) New enrollment in the ESA program created in
1858 this chapter shall be limited to five hundred (500) additional
1859 students each year. Subject to appropriation from the General
1860 Fund, each student's ESA shall be * * * an amount equivalent to
1861 the student base amount under the total funding formula provided
1862 in Sections 37-151-200 through 37-151-215.

1863 (2) Subject to appropriation, eligible students shall be
1864 approved for participation in the ESA program as follows:

1865 (a) Students shall be approved on a first-come,
1866 first-served basis, with applications being reviewed on a rolling
1867 basis;

1868 (b) After participation reaches fifty percent (50%) of
1869 the annual enrollment limits in subsection (1) of this section,
1870 the department shall set annual application deadlines for the
1871 remaining number of available ESAs and begin to maintain a waiting
1872 list of eligible students. The waitlist shall only include
1873 eligible students who have certified to the department that they
1874 have been accepted into an eligible school qualified to provide
1875 services for the participating student's disability or special
1876 education needs, or provide services addressing a participating
1877 student's IEP. The waitlist will be maintained in the
1878 chronological order in which applications are received. The



department shall award ESA program applications in chronological order according to the waitlist; and

(c) Participating students who remain eligible for the ESA program are automatically approved for participation for the following year and are not subject to the random selection process.

(3) No funds for an ESA may be expended from the total funding formula funds provided in this chapter, nor shall any school district be required to provide funding for an ESA.

SECTION 17. Section 37-181-9, Mississippi Code of 1972, is amended as follows:

37-181-9. (1) The department shall create a standard form that parents or guardians of students submit to establish their student's eligibility for an Education Scholarship Account. The department shall ensure that the application is readily available to interested families through various sources, including the department's website and the copy of procedural safeguards annually given to parents or guardians. To be considered, an application must include certification that the student has been accepted into an eligible school qualified to provide services for the student's disability or special education needs, or provide services addressing a participating student's IEP.

(2) The department shall provide parents or guardians of participating students with a written explanation of the allowable uses of Education Scholarship Accounts, the responsibilities of



1904 parents and the duties of the department. This information shall
1905 also be made available on the department's website.

1906 (3) The department shall annually notify all students with
1907 an IEP of the existence of the ESA program and shall ensure that
1908 lower-income families are made aware of their potential
1909 eligibility.

1910 (4) The department may deduct an amount up to a limit of six
1911 percent (6%) from appropriations used to fund Education
1912 Scholarship Accounts to cover the costs of overseeing the funds
1913 and administering the ESA program.

1914 (5) (a) The department shall make a determination of
1915 eligibility, and shall approve the application, within twenty-one
1916 (21) business days of receiving an application for participation
1917 in the ESA program, subject to the provisions of Section
1918 37-181-3(b).

1919 (b) The department shall provide for a procedure that
1920 children with a ruling of hearing impairment or children suspected
1921 of a hearing loss shall receive a comprehensive educational
1922 assessment which may include the areas of cognitive development,
1923 language/speech, audiological and academic achievement from the
1924 state-funded Mississippi Assistance Center for Hearing Loss.
1925 Children with a ruling of visual impairment or children suspected
1926 of a visual impairment shall receive a comprehensive low vision
1927 evaluation from the state-funded Low Vision Clinic.



1928 (6) The home school district shall provide the parent or
1929 guardian of a participating student with a complete copy of the
1930 student's school records, while complying with the Family
1931 Educational Rights and Privacy Act of 1974 (20 USCS Section
1932 1232(g)). The record shall be provided no later than thirty (30)
1933 days after a parent signs an agreement to participate in the ESA
1934 program.

1935 (7) The department shall implement an application or
1936 authorization process to determine the eligibility of nonpublic
1937 schools to participate in the ESA Program, ensuring nonpublic
1938 schools meet the standards set out by law.

1939 **SECTION 18.** Section 37-181-15, Mississippi Code of 1972, is
1940 amended as follows:

1941 37-181-15. (1) To ensure that students are treated fairly
1942 and kept safe, all eligible schools shall:

1943 (a) Comply with the nondiscrimination policies set
1944 forth in 42 USCS 1981;

1945 (b) Prior to a participating student's application for
1946 enrollment * * *:

1947 (i) Provide parents or guardians with details of
1948 the school's programs, record of student achievement,
1949 qualifications, experience, capacities to serve students with
1950 special needs, and capacity to serve the participating student
1951 within the scope of their IEP; and



1952 (ii) Advise parents of students who qualify for
1953 the Nate Rogers scholarships, Dyslexia Therapy scholarships and
1954 any other scholarship programs that come into existence to apply
1955 for those programs instead of the ESA program;

1956 (c) Comply with all health and safety laws or codes
1957 that apply to nonpublic schools;

1958 (d) Hold a valid occupancy permit if required by their
1959 municipality;

1960 (e) Have no public record of fraud or malfeasance;

1961 (f) Require participating students to take the same
1962 assessment as a pre-assessment at the beginning of the school year
1963 and a post-assessment at the end of the school year. The eligible
1964 school shall have the option to select * * * a nationally
1965 standardized norm-referenced achievement test, or a current state
1966 board-approved screener. If neither of these assessment types are
1967 appropriate due to the severity of the student's disability, the
1968 school should provide a performance-based assessment appropriate
1969 for assessing the student's abilities (e.g., a behavior
1970 checklist or communications assessment) along with a statement
1971 that a standardized achievement test or board-approved screener is
1972 not appropriate for the student;

1973 (g) Notify a parent or guardian applying for the ESA
1974 program that the parent or guardian waives the right of the
1975 participating student to an individual entitlement to a free and
1976 appropriate public education (FAPE) from their home school



1977 district, including special education and related services, for as
1978 long as the student is participating in the ESA program;

1979 (h) Conduct criminal background checks on employees
1980 and:

1981 (i) Exclude from employment any person not
1982 permitted by state law to work in a nonpublic school; and

1983 (ii) Exclude from employment any person who might
1984 reasonably pose a threat to the safety of students; and

1985 (i) An eligible school shall certify to the department
1986 upon enrollment of a participating student that the eligible
1987 school shall provide services for the participating student's
1988 disability or special education needs, or shall provide services
1989 addressing a participating student's IEP. Such certification must
1990 be received by the department before the ESA is reimbursed to an
1991 eligible student.

1992 (2) Failure to comply with these requirements shall deem the
1993 eligible school ineligible to participate in the ESA program the
1994 following year.

1995 **SECTION 19.** Section 37-181-17, Mississippi Code of 1972, is
1996 amended as follows:

1997 37-181-17. (1) An eligible nonpublic school authorized by
1998 the State Department of Education as required by Section 37-181-9
1999 (7) is autonomous and not an agent of the state or federal
2000 government and therefore:



2001 (a) The State Department of Education or any other
2002 government agency shall not regulate the educational program of a
2003 nonpublic school, postsecondary institution or educational service
2004 provider that accepts funds from the parent or guardian of a
2005 participating student beyond the requirements of the ESA program
2006 as promulgated in this chapter;

2007 (b) The creation of the Education Scholarship Account
2008 program does not expand the regulatory authority of the state, its
2009 officers, or any school district to impose any additional
2010 regulation of nonpublic schools, postsecondary institutions or
2011 educational service providers beyond those necessary to enforce
2012 the requirements of the ESA program; and

2013 (c) Eligible schools, postsecondary institutions and
2014 educational service providers shall be given the maximum freedom
2015 to provide for the educational needs of their students without
2016 governmental control. No eligible school, postsecondary
2017 institution or educational service provider shall be required to
2018 alter its creed, practices, admission policies or curriculum in
2019 order to accept participating students.

2020 (2) Eligible schools, or the parent or guardian who
2021 submitted the ESA application, must submit special education
2022 services and student performance data to the State Department of
2023 Education at the end of the school year, including specific
2024 special education services provided to students with disabilities
2025 enrolled in the ESA program and the individual results of the



pre-assessment and post-assessment required in Section 37-181-15(f). The department shall develop a uniformed reporting format for eligible schools to use when submitting assessment results.

(3) In any legal proceeding challenging the application of this chapter to an eligible school, postsecondary institution or educational service provider the state bears the burden of establishing that the law is necessary and does not impose any undue burden on the eligible school, postsecondary institution or educational service provider.

SECTION 20. Section 47-5-579, Mississippi Code of 1972, is amended as follows:

47-5-579. (1) (a) The corporation shall operate a work initiative at the Central Mississippi Correctional Facility, South Mississippi Correctional Institution, Mississippi State Penitentiary and the Mississippi Correctional Institute for Women, and is authorized, in its discretion, to create a work initiative at any other correctional facility listed in Section 47-5-539(d). In lieu of a work initiative created by the corporation, the warden or superintendent or sheriff at any regional and private facility listed in Section 47-5-539 is authorized to create a work initiative at their respective facility consistent with the provisions and requirements of this section. Each initiative shall be limited to no more than twenty-five (25) inmates in the state, regional or private facility at any given time.



2051 (b) The department, with regard to a work initiative in
2052 an MDOC facility, shall:

2053 (i) Have the ultimate authority for oversight of
2054 the administration of the initiative;

2055 (ii) Delegate the administration of the initiative
2056 to the corporation; and

2057 (iii) Oversee the selection of inmates for
2058 admission to the initiative.

2059 (c) The sheriff, with regard to a work initiative at a
2060 regional facility, shall:

2061 (i) Have the ultimate authority for oversight of
2062 the administration of the initiative;

2063 (ii) Oversee the selection of inmates for
2064 admission to the initiative; and

2065 (iii) Work with the department and the corporation
2066 to establish guidelines for the initiative and develop a report
2067 thereon.

2068 (2) (a) An inmate is eligible for participation in the
2069 initiative if the inmate has:

2070 (i) No more than two (2) years remaining on the
2071 inmate's sentence;

2072 (ii) Not been convicted under Section 97-9-49
2073 within the last five (5) years; and

2074 (iii) Not been sentenced for a sex offense as
2075 defined in Section 45-33-23(h).



(b) Any inmate who meets the eligibility requirements of paragraph (a) may request assignment to a work initiative established under this section.

(3) (a) The commissioner, in the case of MDOC facilities, or the warden, superintendent, sheriff or similar leader in the case of regional and private facilities, shall select inmates for admission to the program.

(b) An inmate currently participating in vocational training or a soft skills training program at a facility authorized to operate a work initiative shall have priority in admission to the program.

(4) (a) The chief executive officer, in the case of MDOC facilities, or the warden, superintendent, sheriff or similar leader in the case of regional and private facilities, may authorize the inmate to participate in educational or other rehabilitative programs designed to supplement his work initiative employment or to prepare the person for successful reentry.

(b) Before accepting any participants to the program, the corporation, in consultation with the department, shall adopt and publish rules and regulations to effectuate this section no later than six (6) months after the effective date of this section. These rules and regulations shall include all protection requirements for work release programs established pursuant to Sections 47-5-451 through 47-5-471.



2100 (5) Participating employers shall pay no less than the
2101 prevailing wage for the position and shall under no circumstance
2102 pay less than the federal minimum wage.

2103 (6) Any inmate assigned to the initiative who, without
2104 proper authority or just cause, leaves the area to which he has
2105 been assigned to work or attend educational or other
2106 rehabilitative programs, or leaves the vehicle or route of travel
2107 involved in his or her going to or returning from such place, will
2108 be guilty of escape as provided in Section 97-9-49. An offender
2109 who is convicted under Section 97-9-49 shall be ineligible for
2110 further participation in the work initiative during his or her
2111 current term of confinement.

2112 (7) (a) The inmate shall maintain an account through a
2113 local financial institution and shall provide a copy of a check
2114 stub to the chief executive officer, the warden, the
2115 superintendent or the sheriff at a regional facility, as the case
2116 may be.

2117 (b) The inmate shall be required:

2118 (i) To pay twenty-five percent (25%) of the
2119 inmate's wages after mandatory deductions for the following
2120 purposes:

2121 1. To pay support of dependents or to the
2122 Mississippi Department of Human Services on behalf of dependents
2123 as may be ordered by a judge of competent jurisdiction; and



2. To pay any fines, restitution, or costs as ordered by the court to include any fines and fees associated with obtaining a valid driver's license upon release.

(ii) To pay fifteen percent (15%) of the inmate's wages after mandatory deductions to the corporation for administrative expenses to include transportation costs to be remitted to the state, regional or private facility where the inmate is housed. In the case of state facilities, the administrative expense reimbursement shall be paid to the corporation; in the case of regional facilities, the administrative expense reimbursement shall be paid to the sheriff's department; in the case of private facilities the administrative expense reimbursement shall be paid to the contractor overseeing the facility.

(iii) To save fifty percent (50%) of the inmate's wages after mandatory reductions in the account required under paragraph (a) of this subsection. Monies under this subparagraph shall be made available to the inmate upon parole or release.

(c) The inmate shall have access to the remaining ten percent (10%) of the monies in the inmate's account to purchase incidental expenses.

(d) Any monies remaining under paragraph (a) of this subsection after all mandatory deductions are paid, shall be deposited in the inmate's account established under this



2148 subsection. Any monies remaining upon release in paragraph (c) of
2149 this subsection shall be released to the inmate.

2150 (8) The chief executive officer of the corporation shall
2151 collect and maintain data which shall be shared semiannually with
2152 the Joint Legislative Committee on Performance Evaluation and
2153 Expenditure Review (PEER) and the Corrections and Criminal Justice
2154 Oversight Task Force in sortable electronic format. The first
2155 report shall be made on January 15, 2023, and in six-month
2156 intervals thereafter unless PEER establishes a different schedule.
2157 The data shall include:

2158 (a) Total number of participants at the end of each
2159 month by race, gender, and offenses charged;

2160 (b) Total number of participants who began the program
2161 in each month by race, gender, and offenses charged;

2162 (c) Total number of participants who successfully
2163 completed the program in each month by race, gender, and offenses
2164 charged;

2165 (d) Total number of participants who left the program
2166 in each month and reason for leaving by race, gender, and offenses
2167 charged;

2168 (e) Total number of participants who were arrested for
2169 a new criminal offense while in the program in each month by race,
2170 gender and offenses charged;



2171 (f) Total number of participants who were convicted of
2172 a new crime while in the program in each month by race, gender and
2173 offenses charged;

2174 (g) Total number of participants who completed the
2175 program and were convicted of a new crime within three (3) years
2176 of completing the program;

2177 (h) Total amount earned by participants and how the
2178 earnings were distributed in each month;

2179 (i) Results of any initial risk and needs assessments
2180 conducted on each participant by race, gender, and offenses
2181 charged;

2182 (j) List of participating employers;

2183 (k) List of jobs acquired by participants;

2184 (l) List of the hourly wage paid to each participant;

2185 (m) Accounting of the manner and use of the * * *
2186 fifteen percent (15%) of the wages paid to the corporation by the
2187 inmate for administrative expenses;

2188 (n) Total costs associated with program operations;

2189 (o) List of participating financial institutions;

2190 (p) * * * Participating financial institutions, which
2191 must collect, maintain and report the create date for financial
2192 accounts opened by work initiative participants;

2193 (q) The average hourly wage earned in the
2194 program; * * *



2195 (r) The accounting of any dependent support payments,
2196 finances, restitutions, fees or costs as ordered by the court for
2197 each work initiative participant;

2198 (s) The collection, maintenance and reporting of the
2199 remaining sentence length of work initiative participants;

2200 (* * *t) Any other data or information as requested by
2201 the task force.

2202 (9) The Joint Legislative Committee on Performance
2203 Evaluation and Expenditure Review (PEER) shall conduct a review of
2204 the initiative, including any expansion of the initiative
2205 authorized under this section, and produce an annual report to the
2206 Legislature on their effectiveness by January 1 of each year. The
2207 PEER Committee shall seek the assistance of the Corrections and
2208 Criminal Justice Task Force and may seek assistance from any other
2209 criminal justice experts it deems necessary during its review.

2210 **SECTION 21.** Section 37-28-7, Mississippi Code of 1972, is
2211 amended as follows:

2212 37-28-7. (1) There is created the Mississippi Charter
2213 School Authorizer Board as a state agency with exclusive
2214 chartering jurisdiction in the State of Mississippi. Unless
2215 otherwise authorized by law, no other governmental agency or
2216 entity may assume any charter authorizing function or duty in any
2217 form.

2218 (2) (a) The mission of the Mississippi Charter School
2219 Authorizer Board is to authorize high-quality charter schools,



2220 particularly schools designed to expand opportunities for
2221 underserved students, consistent with the purposes of this
2222 chapter. Subject to the restrictions and conditions prescribed in
2223 this subsection, the Mississippi Charter School Authorizer Board
2224 may authorize charter schools within the geographical boundaries
2225 of any school district.

2226 (b) The Mississippi Charter School Authorizer Board may
2227 approve a maximum of fifteen (15) qualified charter applications
2228 during a fiscal year.

2229 (c) In any school district designated as an "A," "B" or
2230 "C" school district by the State Board of Education under the
2231 accreditation rating system at the time of application, the
2232 Mississippi Charter School Authorizer Board may authorize charter
2233 schools only if a majority of the members of the local school
2234 board votes at a public meeting to endorse the application or to
2235 initiate the application on its own initiative.

2236 (3) The Mississippi Charter School Authorizer Board shall
2237 consist of seven (7) members, to be appointed as follows:

2238 (a) Three (3) members appointed by the Governor, with
2239 one (1) member being from each of the Mississippi Supreme Court
2240 Districts.

2241 (b) Three (3) members appointed by the Lieutenant
2242 Governor, with one (1) member being from each of the Mississippi
2243 Supreme Court Districts.



2244 (c) One (1) member appointed by the State
2245 Superintendent of Public Education.

2246 All appointments must be made with the advice and consent of
2247 the Senate. In making the appointments, the appointing authority
2248 shall ensure diversity among members of the Mississippi Charter
2249 School Authorizer Board.

2250 (4) Members appointed to the Mississippi Charter School
2251 Authorizer Board collectively must possess strong experience and
2252 expertise in public and nonprofit governance, management and
2253 finance, public school leadership, assessment, curriculum and
2254 instruction, and public education law. Each member of the
2255 Mississippi Charter School Authorizer Board must have demonstrated
2256 an understanding of and commitment to charter schooling as a
2257 strategy for strengthening public education.

2258 (5) To establish staggered terms of office, the initial term
2259 of office for the three (3) Mississippi Charter School Authorizer
2260 Board members appointed by the Governor shall be * * * staggered
2261 with one (1) member serving a one-year term, one (1) member
2262 serving a two-year term, and one (1) member serving a three-year
2263 term; the initial term of office for the three (3) members
2264 appointed by the Lieutenant Governor shall be * * * staggered with
2265 one (1) member serving a one-year term, one (1) member serving a
2266 two-year term, and one (1) member serving a three-year term; and
2267 the initial term of office for the member appointed by the State
2268 Superintendent of Public Education shall be two (2) years * * *.



2269 After the expiration of the initial terms, members of the board
2270 shall serve terms of three (3) years. No member may serve more
2271 than two (2) consecutive terms. The initial appointments must be
2272 made before * * * July 1, 2025.

2273 (6) The Mississippi Charter School Authorizer Board shall
2274 meet as soon as practical after September 1, 2013, upon the call
2275 of the Governor, and shall organize for business by selecting a
2276 chairman and adopting bylaws. Subsequent meetings shall be called
2277 by the chairman.

2278 (7) An individual member of the Mississippi Charter School
2279 Authorizer Board may be removed by the board if the member's
2280 personal incapacity renders the member incapable or unfit to
2281 discharge the duties of the office or if the member is absent from
2282 a number of meetings of the board, as determined and specified by
2283 the board in its bylaws. Whenever a vacancy on the Mississippi
2284 Charter School Authorizer Board exists, the original appointing
2285 authority shall appoint a member for the remaining portion of the
2286 term.

2287 (8) No member of the Mississippi Charter School Authorizer
2288 Board or employee, agent or representative of the board may serve
2289 simultaneously as an employee, trustee, agent, representative,
2290 vendor or contractor of a charter school authorized by the board.

2291 (9) The Mississippi Charter School Authorizer Board shall
2292 appoint an individual to serve as the Executive Director of the
2293 Mississippi Charter School Authorizer Board. The executive



2294 director shall possess the qualifications established by the board
2295 which are based on national best practices, and shall possess an
2296 understanding of state and federal education law. The executive
2297 director, who shall serve at the will and pleasure of the board,
2298 shall devote his full time to the proper administration of the
2299 board and the duties assigned to him by the board and shall be
2300 paid a salary established by the board, subject to the approval of
2301 the State Personnel Board. Subject to the availability of
2302 funding, the executive director may employ such administrative
2303 staff as may be necessary to assist the director and board in
2304 carrying out the duties and directives of the Mississippi Charter
2305 School Authorizer Board.

2306 (10) The Mississippi Charter School Authorizer Board is
2307 authorized to obtain suitable office space for administrative
2308 purposes. In acquiring a facility or office space, the authorizer
2309 board shall adhere to all policies and procedures required by the
2310 Department of Finance and Administration and the Public
2311 Procurement Review Board.

2312 **SECTION 22.** Section 37-28-11, Mississippi Code of 1972, is
2313 amended as follows:

2314 37-28-11. (1) To cover the costs of overseeing charter
2315 schools in accordance with this chapter, the authorizer shall
2316 receive up to three percent (3%) of annual per-pupil allocations
2317 received by a charter school from state and local funds for each
2318 charter school it authorizes.



2319 (2) The authorizer may receive appropriate gifts, grants and
2320 donations of any kind from any public or private entity to carry
2321 out the purposes of this chapter, subject to all lawful terms and
2322 conditions under which the gifts, grants or donations are given.

2323 (3) The authorizer may expend its resources, seek grant
2324 funds and establish partnerships to support its charter school
2325 authorizing activities.

2326 **SECTION 23.** (1) A student-athlete enrolled in a public or
2327 private secondary school that meets all eligibility requirements
2328 established by the Mississippi High School Activities Association
2329 and their school shall have a property interest in their
2330 participation in interscholastic athletics. This property
2331 interest shall not constitute a guarantee of a particular
2332 position, role, or level of participation within a team or sport
2333 but ensures the right to due process under the Constitution of the
2334 United States and the Mississippi Constitution of 1890.

2335 (2) A student-athlete shall not be suspended, expelled or
2336 otherwise removed from participation in interscholastic athletics
2337 without notice, an opportunity to be heard, and the right to
2338 appeal any adverse decision to the Mississippi High School
2339 Activities Association.

2340 (3) The Mississippi High School Activities Association, in
2341 consultation with the Office of the Secretary of State and the
2342 Office of the Attorney General, shall promulgate rules and
2343 regulations to implement the provisions of this act, including,



but not limited to, standards for eligibility, disciplinary procedures and appeal processes which allow the participation of legal counsel.

SECTION 24. Section 5-3-59, Mississippi Code of 1972, is amended as follows:

5-3-59. (1) The committee, while in the discharge of official duties, shall have the following additional powers:

(a) To subpoena and examine witnesses; to require the appearance of any person and the production of any paper or document; to order the appearance of any person for the purpose of producing any paper or document; and to issue all process necessary to compel such appearance or production. When such process has been served, the committee may compel obedience thereto by the attachment of the person, papers or records subpoenaed; and if any person shall willfully refuse to appear before such committee or to produce any paper or record in obedience to any process issued by the committee and served on that person, he shall be guilty of contempt of the * * * committee and shall, upon conviction thereof, be * * * punished by a fine of not more than One Thousand Dollars (\$1,000.00), by imprisonment in the county jail for not more than six (6) months, or both.

(b) To administer oaths to witnesses appearing before the committee when, by a majority vote, the committee deems the administration of an oath necessary and advisable as provided by law.



(c) To determine that a witness has perjured himself by testifying falsely before the committee, and to institute penal proceedings as provided by law.

(2) (a) Whenever facts alleged to constitute contempt under paragraph (a) of subsection (1) arise, the chairman of the committee shall certify a statement to this effect to the Attorney General or to the appropriate county prosecuting attorney, who shall institute and prosecute a criminal proceeding against the accused for contempt under the provisions of this section.

(b) Any offense described in paragraph (a) of subsection (1) shall be deemed to have been committed in any of the following counties, and the trial for the offense may take place in any of those counties:

(i) The county where the subpoena was issued;

(ii) The county where the offender was served with the subpoena; or

(iii) The county where the subpoena ordered the offender to give testimony or to produce papers or other evidence.

SECTION 25. The following shall be codified as Section 5-3-60, Mississippi Code of 1972:

5-3-60. (1) (a) As an alternative to a criminal proceeding as provided in Section 5-3-59, in any instance in which a witness fails to respond to the lawful subpoena of the committee at any time or, having responded, fails to answer all lawful inquiries or to turn over evidence that has been subpoenaed, the committee may



2394 seek judicial enforcement of the process as provided in paragraph
2395 (b) of this subsection.

2396 (b) The chairman, in the name of the committee, may
2397 file a complaint before any chancery court of the state setting up
2398 such failure on the part of the witness. Upon the filing of such
2399 a complaint, the court shall take jurisdiction of the witness and
2400 the subject matter of the complaint and shall direct the witness
2401 to respond to all lawful questions and to produce all documentary
2402 evidence in the possession of the witness that is lawfully
2403 demanded. The failure of a witness to comply with the order of
2404 the court constitutes contempt of court and the court shall punish
2405 the witness as provided in Section 9-1-17.

2406 (c) The committee may use the Office of the Attorney
2407 General to bring a civil enforcement action or may use contract
2408 counsel to bring an enforcement action authorized in this
2409 subsection.

2410 (2) The provisions of this section are declared to be
2411 supplemental to the powers of the Legislature and of the Senate
2412 and of the House of Representatives to punish for contempt, and
2413 the Legislature reserves to itself and to the Senate and to the
2414 House of Representatives all inherent and all constitutional
2415 powers to punish for contempt.

2416 **SECTION 26.** Section 5-1-23, Mississippi Code of 1972, is
2417 amended as follows:



2418 5-1-23. (1) If any witness neglects or refuses to obey a
2419 subpoena, or, appearing, refuses to testify, the Senate or House
2420 may, by a resolution entered on its journal, commit him for
2421 contempt, the commitment not to extend beyond the final
2422 adjournment of the session; and any witness neglecting and
2423 refusing to attend in obedience to a subpoena may be arrested by
2424 the Sergeant-at-Arms and brought before the Senate or House; and a
2425 copy of the resolution of the Senate or House, signed by the
2426 presiding officer thereof, and attested by the secretary or clerk,
2427 shall be sufficient authority to authorize such arrest.

2428 (2) The provisions of this section shall not apply to any
2429 subpoena or other process issued by the Joint Legislative
2430 Committee on Performance Evaluation and Expenditure Review (PEER)
2431 as provided for in Sections 24 and 25 of this act.

2432 **SECTION 27.** Section 5-1-25, Mississippi Code of 1972, is
2433 amended as follows:

2434 5-1-25. (1) A person sworn and examined as a witness before
2435 either house, without procurement or contrivance, on his part,
2436 shall not be held to answer criminally, or be subject to any
2437 penalty or forfeiture for any fact or act touching which he is
2438 required to testify; nor shall any statement made, or book,
2439 document, or paper produced by any such witness be competent
2440 evidence in any criminal proceeding against such witness other
2441 than for perjury in delivering his evidence; nor shall such
2442 witness refuse to testify to any fact or to produce any book,



document, or paper touching which he is examined, on the ground that he thereby will criminate himself, or that it will tend to disgrace him or render him infamous.

(2) The immunity conferred by subsection (1) of this section shall not apply to any person who testifies or produces any book, document, or paper required to comply with a subpoena of the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER). The committee may, by a majority vote of the members of both houses, offer a person or persons such immunity.

SECTION 28. Section 5-1-35, Mississippi Code of 1972, is amended as follows:

5-1-35. (1) The Sergeant-at-Arms of the Senate shall give a general supervision, under the direction of the presiding officer. He shall attend the sittings thereof, preserve order, execute its commands and all process issued by its authority, and shall have control of the doorkeeper. He shall see that the hall of the Senate and the committee rooms and the room of its presiding officer, the anterooms, lobbies and galleries thereof, are clean, comfortable and lighted at night during the sitting of the Senate, and that all necessary conveniences are supplied to the members, officers and committees.

(2) The Sergeant-at-Arms shall, upon request of the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER), serve any committee process provided for in Section 24 of this act.



2468 **SECTION 29.** Section 29-13-1, Mississippi Code of 1972, is
2469 amended as follows:

2470 29-13-1. (1) The Department of Finance and Administration
2471 ("department") shall purchase and maintain business property
2472 insurance and business personal property insurance, or allow for
2473 the establishment of a self-insurance fund or self-insurance
2474 reserves, or any combination thereof, on all state-owned buildings
2475 and/or contents as required by federal law and regulations of the
2476 Federal Emergency Management Agency (FEMA) as is necessary for
2477 receiving public assistance or reimbursement for repair,
2478 reconstruction, replacement or other damage to those buildings
2479 and/or contents caused by the Hurricane Katrina Disaster of 2005
2480 or subsequent disasters. The department is authorized to expend
2481 funds from any available source for the purpose of obtaining and
2482 maintaining that property insurance. No funds shall be expended
2483 for the establishment of any such self-insurance program until
2484 such time the Mississippi Self-Insurance Task Force has completed
2485 a report and the report reflects a cost benefit to the State of
2486 Mississippi. The administration and service of any such
2487 self-insurance program may be contracted to a third-party and
2488 approved by the Commissioner of Insurance. The department is
2489 authorized to enter into agreements with other state agencies,
2490 local school districts, community/junior college districts, state
2491 institutions of higher learning and community hospitals to pool
2492 their liabilities to participate in a group business property



2493 and/or business personal property insurance program, subject to
2494 uniform rules and regulations as may be adopted by the Department
2495 of Finance and Administration.

2496 (2) The Department of Finance and Administration is required
2497 to purchase and maintain flood insurance under the National Flood
2498 Insurance Program (42 USCS, Section 4001 et seq.) as required by
2499 federal law on state-owned buildings and/or contents. To meet the
2500 requirements of participation in such program, the department is
2501 further required to adopt floodplain management criteria and
2502 procedures in accordance with the rules and regulations of 24 CFR,
2503 Chapter X, Subchapter B (National Flood Insurance Program),
2504 established by the United States Department of Housing and Urban
2505 Development pursuant to the National Flood Insurance Act of 1968
2506 (Public Law 90-448) as amended and by the Flood Disaster
2507 Protection Act of 1973 (Public Law 93-234) as amended, and any
2508 supplemental changes to such rules and regulations. The
2509 department shall adopt the floodplain management criteria set
2510 forth in 24 CFR, Chapter X, Section 1910.3, on an emergency basis
2511 immediately upon May 3, 1979, and until such time as final
2512 regulations and criteria are developed by the department. Final
2513 regulations, criteria and procedures shall be implemented by the
2514 department within ninety (90) days after May 3, 1979. Such
2515 criteria and procedures shall apply to any new construction or
2516 substantial improvement of state-owned buildings and other
2517 state-owned development located in floodplain areas as identified



in conjunction with the National Flood Insurance Program. The department shall enforce the floodplain management criteria and procedures adopted by the department pursuant to this section.

(3) No state agency shall be authorized to expend any state, federal or special funds for the construction, renovation, repair or placement of any structure in a designated floodplain, floodway or coastal high hazard area, or to allow for the construction, renovation, repair or placement of any privately owned structure onto state-owned land in a designated floodplain, floodway or coastal high hazard area unless such agency has previously obtained the necessary permits required by the Department of Finance and Administration to comply with the regulations of the Federal Emergency Management Agency (FEMA), National Flood Insurance Program and the state's floodplain management regulations.

SECTION 30. (1) There is hereby created the "Mississippi Self-Insurance Task Force" to study, report and make recommendations on:

(a) The management of state facilities, including rental and owned facilities, and building construction for state facilities;

(b) The property and liability coverage for state facilities, building construction for state facilities, including reserves and solvency;



2542 (c) The financial state of the State Tort Claims Plan,
2543 including current reserves and solvency;

2544 (d) A comparison of the State property and liability
2545 insurance plans and State Tort Claims Plan in other southeastern
2546 states, including, but not limited to, their governance
2547 structures, benefits or services offered, solvency, reserves and
2548 rate structures and increases over time; and

2549 (e) Any other information or recommendations related
2550 which may be relevant to achieving the goal of ensuring all state
2551 facilities and any state liabilities have sufficient levels of
2552 coverage at the best rates.

2553 (2) The task force shall be composed of the following
2554 members:

2555 (a) The Chairs of the Insurance Committees in the
2556 Mississippi House of Representatives and Mississippi Senate;

2557 (b) The Chairs of the Public Property Committees in the
2558 Mississippi House of Representatives and Mississippi Senate;

2559 (c) The Commissioner of Insurance, or his or her
2560 designee;

2561 (d) The Commissioner of Higher Education, or his or her
2562 designee;

2563 (e) The Executive Director of the Department of Finance
2564 and Administration, or his or her designee;

2565 (f) An actuary appointed by the Governor;



2566 (g) A reinsurance broker appointed by the Lieutenant
2567 Governor; and

2568 (h) A property and casualty insurance agent appointed
2569 by the Speaker of the House of Representatives.

2570 (3) Appointments shall be made no later than thirty (30)
2571 days after the effective date of this act. The Chairs of the
2572 Insurance Committee in the Senate and House of Representatives
2573 shall convene the members of the task force for an organizational
2574 meeting within thirty (30) days after the deadline for appointing
2575 members, at which time the members of the task force shall select
2576 a chairman and a vice chairman from its membership. The vice
2577 chairman shall also serve as secretary and be responsible for
2578 keeping all records of the task force. A majority of the members
2579 of the task force constitutes a quorum. In the selection of its
2580 officers and the adoption of rules, resolutions and reports, an
2581 affirmative vote of a majority of the task force shall be required
2582 to be recorded in the official minutes of the meeting in which the
2583 vote occurred. Meetings of the task force shall be held at the
2584 State Capitol; however, if it is not feasible for the task force
2585 to hold an in-person meeting, the task force may convene using an
2586 online meeting platform that is accessible for viewing by the
2587 public.

2588 (4) The Department of Finance and Administration shall
2589 provide, using existing resources, administrative and clerical
2590 support to the task force. The Executive Director of the



2591 Department of Finance and Administration shall designate
2592 appropriate staff to assist the task force in carrying out its
2593 duties.

2594 (5) Subject to appropriation, members of the task force who
2595 are not state employees may be compensated at the per diem rate
2596 authorized by Section 25-3-69 and reimbursed in accordance with
2597 Section 25-3-41 for mileage and actual expenses incurred in the
2598 performance of their duties. However, task force members may not
2599 incur per diem, travel or other expenses unless previously
2600 authorized by vote, at a meeting of the task force, which action
2601 must be recorded in the official minutes of the meeting. Per diem
2602 and expense payments made pursuant to this subsection may be paid
2603 from any funds made available to the task force for that purpose.

2604 (6) The task force shall make a report of its findings and
2605 recommendations, including any recommended legislation, to the
2606 Lieutenant Governor, Speaker of the House of Representatives and
2607 the Chairs of the Insurance Committees of the House of
2608 Representatives and Senate on or before November 1, 2025, at which
2609 time the task force will be dissolved.

2610 **SECTION 31.** Section 31-11-3, Mississippi Code of 1972, is
2611 amended as follows:

2612 31-11-3. (1) The Department of Finance and Administration,
2613 for the purposes of carrying out the provisions of this chapter,
2614 in addition to all other rights and powers granted by law, shall
2615 have full power and authority to employ and compensate architects



2616 or other employees necessary for the purpose of making
2617 inspections, preparing plans and specifications, supervising the
2618 erection of any buildings, and making any repairs or additions as
2619 may be determined by the Department of Finance and Administration
2620 to be necessary, pursuant to the rules and regulations of the
2621 State Personnel Board. The department shall have entire control
2622 and supervision of, and determine what, if any, buildings,
2623 additions, repairs, demolitions or improvements are to be made
2624 under the provisions of this chapter, subject to the regulations
2625 adopted by the Public Procurement Review Board.

2626 (2) The department shall have full power to erect buildings,
2627 make repairs, additions or improvements, demolitions, to grant or
2628 acquire easements or rights-of-way, and to buy materials, supplies
2629 and equipment for any of the institutions or departments of the
2630 state subject to the regulations adopted by the Public Procurement
2631 Review Board. In addition to other powers conferred, the
2632 department shall have full power and authority, as directed by the
2633 Legislature, or when funds have been appropriated for its use for
2634 these purposes, to:

- 2635 (a) Build a state office building;
- 2636 (b) Build suitable plants or buildings for the use and
2637 housing of any state schools or institutions, including the
2638 building of plants or buildings for new state schools or
2639 institutions, as provided for by the Legislature;



2640 (c) Provide state aid for the construction of school
2641 buildings;

2642 (d) Promote and develop the training of returned
2643 veterans of the United States in all sorts of educational and
2644 vocational learning to be supplied by the proper educational
2645 institution of the State of Mississippi, and in so doing allocate
2646 monies appropriated to it for these purposes to the Governor for
2647 use by him in setting up, maintaining and operating an office and
2648 employing a state director of on-the-job training for veterans and
2649 the personnel necessary in carrying out Public Law No. 346 of the
2650 United States;

2651 (e) Build and equip a hospital and administration
2652 building at the Mississippi State Penitentiary;

2653 (f) Build and equip additional buildings and wards at
2654 the Boswell Retardation Center;

2655 (g) Construct a sewage disposal and treatment plant at
2656 the Mississippi State Hospital, and in so doing acquire additional
2657 land as may be necessary, and to exercise the right of eminent
2658 domain in the acquisition of this land;

2659 (h) Build and equip the Mississippi central market and
2660 purchase or acquire by eminent domain, if necessary, any lands
2661 needed for this purpose;

2662 (i) Build and equip suitable facilities for a training
2663 and employing center for the blind;



2664 (j) Build and equip a gymnasium at Columbia Training
2665 School;

2666 (k) Approve or disapprove the expenditure of any money
2667 appropriated by the Legislature when authorized by the bill making
2668 the appropriation;

2669 (l) Expend monies appropriated to it in paying the
2670 state's part of the cost of any street paving;

2671 (m) Sell and convey state lands when authorized by the
2672 Legislature, cause said lands to be properly surveyed and platted,
2673 execute all deeds or other legal instruments, and do any and all
2674 other things required to effectively carry out the purpose and
2675 intent of the Legislature. Any transaction which involves state
2676 lands under the provisions of this paragraph shall be done in a
2677 manner consistent with the provisions of Section 29-1-1;

2678 (n) Collect and receive from educational institutions
2679 of the State of Mississippi monies required to be paid by these
2680 institutions to the state in carrying out any veterans'
2681 educational programs;

2682 (o) Purchase lands for building sites, or as additions
2683 to building sites, for the erection of buildings and other
2684 facilities which the department is authorized to erect, and
2685 demolish and dispose of old buildings, when necessary for the
2686 proper construction of new buildings. Any transaction which
2687 involves state lands under the provisions of this paragraph shall



2688 be done in a manner consistent with the provisions of Section
2689 29-1-1;

2690 (p) Obtain business property insurance, or allow for
2691 the establishment of a self-insurance fund or self-insurance
2692 reserves, or any combination thereof, with a deductible of not
2693 less than One Hundred Thousand Dollars (\$100,000.00) on
2694 state-owned buildings under the management and control of the
2695 department; * * *

2696 (q) In consultation with and approval by the Chairmen
2697 of the Public Property Committees of the Senate and the House of
2698 Representatives, enter into contracts for the purpose of providing
2699 parking spaces for state employees who work in the Woolfolk
2700 Building, the Carroll Gartin Justice Building or the Walter
2701 Sillers Office Building * * *; and

2702 (r) The department is hereby authorized to transfer up
2703 to One Million Dollars (\$1,000,000.00) of available bond funds to
2704 each community college requesting to be exempt from department
2705 control and supervision relating to the repair, renovation and
2706 improvement of existing facilities owned by the community
2707 colleges, including utility infrastructure projects; heating and
2708 air conditioning systems; and the replacement of furniture and
2709 equipment. The community colleges shall abide by all applicable
2710 statutes related to the purchase of the repair, renovation and
2711 improvement of such existing facilities.



2712 (3) The department shall survey state-owned and
2713 state-utilized buildings to establish an estimate of the costs of
2714 architectural alterations, pursuant to the Americans With
2715 Disabilities Act of 1990, 42 USCS, Section 12111 et seq. The
2716 department shall establish priorities for making the identified
2717 architectural alterations and shall make known to the Legislative
2718 Budget Office and to the Legislature the required cost to
2719 effectuate such alterations. To meet the requirements of this
2720 section, the department shall use standards of accessibility that
2721 are at least as stringent as any applicable federal requirements
2722 and may consider:

2723 (a) Federal minimum guidelines and requirements issued
2724 by the United States Architectural and Transportation Barriers
2725 Compliance Board and standards issued by other federal agencies;

2726 (b) The criteria contained in the American Standard
2727 Specifications for Making Buildings Accessible and Usable by the
2728 Physically Handicapped and any amendments thereto as approved by
2729 the American Standards Association, Incorporated (ANSI Standards);

2730 (c) Design manuals;

2731 (d) Applicable federal guidelines;

2732 (e) Current literature in the field;

2733 (f) Applicable safety standards; and

2734 (g) Any applicable environmental impact statements.

2735 (4) The department shall observe the provisions of Section
2736 31-5-23 in letting contracts and shall use Mississippi products,



2737 including paint, varnish and lacquer which contain as vehicles
2738 tung oil and either ester gum or modified resin (with rosin as the
2739 principal base of constituents), and turpentine shall be used as a
2740 solvent or thinner, where these products are available at a cost
2741 not to exceed the cost of products grown, produced, prepared, made
2742 or manufactured outside of the State of Mississippi.

2743 (5) The department shall have authority to accept grants,
2744 loans or donations from the United States government or from any
2745 other sources for the purpose of matching funds in carrying out
2746 the provisions of this chapter.

2747 (6) The department shall build a wheelchair ramp at the War
2748 Memorial Building which complies with all applicable federal laws,
2749 regulations and specifications regarding wheelchair ramps.

2750 (7) The department shall review and preapprove all
2751 architectural or engineering service contracts entered into by any
2752 state agency, institution, commission, board or authority,
2753 regardless of the source of funding used to defray the costs of
2754 the construction or renovation project, for which services are to
2755 be obtained to ensure compliance with purchasing regulations and
2756 to confirm that the contracts are procured by a competitive
2757 qualification-based selection process except where such
2758 appointment is for an emergency project or for a continuation of a
2759 previous appointment for a directly related project. The
2760 provisions of this subsection (7) shall not apply to:



2761 (a) Any architectural or engineering contract fully
2762 paid for by self-generated funds of any of the state institutions
2763 of higher learning;

2764 (b) Any architectural or engineering contract that is
2765 self-administered at a state institution of higher learning as
2766 provided under Section 27-104-7(2) (b) or 37-101-15(m);

2767 (c) Community college projects that are fully funded
2768 from local funds or other nonstate sources which are outside the
2769 Department of Finance and Administration's appropriations or as
2770 directed by the Legislature;

2771 (d) Any construction or design projects of the State
2772 Military Department that are fully or partially funded from
2773 federal funds or other nonstate sources; and

2774 (e) Any project of the State Department of
2775 Transportation.

2776 (8) (a) The department shall have the authority to obtain
2777 annually from the state institutions of higher learning, the state
2778 community colleges and junior colleges, the Department of Mental
2779 Health, the Department of Corrections and the Department of
2780 Wildlife, Fisheries and Parks information on all renovation and
2781 repair expenditures for buildings under their operation and
2782 control, including duties, responsibilities and costs of any
2783 architect or engineer hired by any such institutions, and shall
2784 annually report the same to the Legislative Budget Office, the



2785 Chairman of the House Public Property Committee and the Chairman
2786 of the Senate Public Property Committee before September 1.

2787 (b) All state agencies, departments and institutions
2788 are required to cooperate with the Department of Finance and
2789 Administration in carrying out the provisions of this subsection.

2790 (c) Expenditures shall not include those amounts
2791 expended for janitorial, landscaping or administrative support,
2792 but shall include expenditures from both state and nonstate
2793 sources.

2794 (d) Expenditures shall not include amounts expended by
2795 the department on behalf of state agencies, departments and
2796 institutions through the Department of Finance and Administration
2797 administered contracts, but shall include amounts transferred to
2798 the Department of Finance and Administration for support of such
2799 contracts.

2800 (9) As an alternative to other methods of awarding contracts
2801 as prescribed by law, the department may elect to use the method
2802 of contracting for construction projects set out in Sections
2803 31-7-13.1 and 31-7-13.2; however, the design-build method of
2804 construction contracting authorized under Section 31-7-13.1 may be
2805 used only when the Legislature has specifically required or
2806 authorized the use of this method in the legislation authorizing a
2807 project.

2808 (10) The department shall have the authority, for the
2809 purposes of carrying out the provisions of this chapter, and in



2810 addition to all other rights and powers granted by law, to create
2811 and maintain a list of suspended and debarred contractors and
2812 subcontractors. Consistent with this authority, the department
2813 may adopt regulations governing the suspension or debarment of
2814 contractors and subcontractors, which regulations shall be subject
2815 to the approval of the Public Procurement Review Board. A
2816 suspended or debarred contractor or subcontractor shall be
2817 disqualified from consideration for contracts with the department
2818 during the suspension or debarment period in accordance with the
2819 department's regulations.

2820 (11) This section shall not apply to the Mississippi State
2821 Port Authority.

2822 **SECTION 32.** Section 37-29-67, Mississippi Code of 1972, is
2823 brought forward as follows:

2824 37-29-67. (1) The duties of the board of trustees shall be
2825 the general government of the community/junior college and
2826 directive of the administration thereof. Subject to the
2827 provisions of Sections 37-29-1 through 37-29-273, the board shall
2828 have full power to do all things necessary to the successful
2829 operation of the district and the college or colleges or
2830 attendance centers located therein to insure educational
2831 advantages and opportunities to all the enrollees within the
2832 district.

2833 (2) The board of trustees shall be authorized to designate a
2834 personnel supervisor or other person employed by the district to



2835 recommend teachers and to transmit such recommendations to the
2836 board of trustees; however, this authorization shall be restricted
2837 to no more than two (2) positions for each employment period in
2838 the district.

2839 (3) The delineation and enumeration of the powers and
2840 purposes set out in Sections 37-29-1 through 37-29-273 shall be
2841 deemed to be supplemental and additional, and shall not be
2842 construed to restrict the powers of the board of trustees of the
2843 district or of any college located therein so as to deny to the
2844 said district and the college or colleges therein the rights,
2845 privileges and powers previously authorized by statute.

2846 (4) The board of trustees shall have the power to enter into
2847 an energy performance contract, energy services contract, a
2848 shared-savings, lease or lease-purchase basis, for energy
2849 efficiency services and/or equipment as prescribed in Section
2850 31-7-14.

2851 (5) The board of trustees shall be authorized, with the
2852 approval of the Mississippi Community College Board, to change the
2853 name of the junior college to community college. The Mississippi
2854 Community College Board shall establish guidelines for the
2855 implementation of any junior college name change. Any reference
2856 to junior college district in this chapter shall hereinafter refer
2857 to the junior college district or its successor in name as changed
2858 by the board of trustees.



2859 (6) The boards of trustees shall purchase and maintain
2860 business property insurance and business personal property
2861 insurance on all college-owned buildings and/or contents as
2862 required by federal law and regulations of the Federal Emergency
2863 Management Agency (FEMA) as is necessary for receiving public
2864 assistance or reimbursement for repair, reconstruction,
2865 replacement or other damage to such buildings and/or contents
2866 caused by the Hurricane Katrina Disaster of 2005 or subsequent
2867 disasters. The boards of trustees are authorized to expend funds
2868 from any available source for the purpose of obtaining and
2869 maintaining that property insurance. The boards of trustees are
2870 authorized to enter into agreements with the Department of Finance
2871 and Administration, local school districts, other community/junior
2872 college districts, state institutions of higher learning,
2873 community hospitals and/or other state agencies to pool their
2874 liabilities to participate in a group business property and/or
2875 business personal property insurance program, subject to uniform
2876 rules and regulations as may be adopted by the Department of
2877 Finance and Administration.

2878 **SECTION 33.** Section 41-73-31, Mississippi Code of 1972, is
2879 brought forward as follows:

2880 41-73-31. In addition to the other powers and duties of the
2881 authority specified elsewhere in this act, the authority is
2882 specifically authorized to initiate a program of providing
2883 hospital equipment or hospital facilities located within the state



2884 to be operated by participating hospital institutions. In this
2885 regard, the authority shall be authorized to exercise the
2886 following powers:

2887 (1) To establish eligibility standards for participating
2888 hospital institutions;

2889 (2) To enter into an agreement with any entity securing the
2890 payment of bonds pursuant to Section 41-73-27(j) or (k)
2891 authorizing said entity to approve the participating hospital
2892 institutions that can finance or refinance hospital equipment or
2893 hospital facilities with proceeds from the bond issue secured by
2894 said entity;

2895 (3) To lease to a participating hospital institution
2896 specific hospital facilities or items of hospital equipment upon
2897 such terms and conditions as the authority may deem proper, to
2898 charge and collect rents therefor, to terminate any such lease
2899 upon the failure of the lessee to comply with any of its
2900 obligations thereunder or otherwise as such lease may provide, to
2901 include in any such lease provisions that the lessee shall have
2902 the option to renew the term of the lease for such period or
2903 periods and at such rents as may be determined by the authority or
2904 to purchase any or all of the hospital facilities or hospital
2905 equipment to which such lease shall apply;

2906 (4) To loan to a participating hospital institution under an
2907 installment purchase contract or loan agreement monies to finance
2908 or refinance the cost of specific items of hospital facilities or



2909 hospital equipment and to take back a secured or unsecured
2910 promissory note evidencing such loan and a mortgage or security
2911 interest in the hospital facilities or hospital equipment financed
2912 or refinanced with such loan, upon such terms and conditions as
2913 the authority may deem proper;

2914 (5) To sell or otherwise dispose of any or all unneeded or
2915 obsolete hospital facilities or hospital equipment under terms and
2916 conditions as determined by the authority;

2917 (6) To maintain, repair, replace and otherwise improve or
2918 cause to be maintained, repaired, replaced and otherwise improved
2919 any hospital facilities or hospital equipment owned by the
2920 authority;

2921 (7) To obtain or aid in obtaining property insurance on all
2922 hospital facilities or hospital equipment owned or financed by the
2923 authority and to enter into any agreement, contract or other
2924 instrument with respect to any such insurance to accept payment in
2925 the event of damage to or destruction of any hospital equipment;

2926 (8) To enter into any agreement, contract or other
2927 instrument with respect to any insurance or guarantee or letter of
2928 credit, accepting payment in such manner and form as provided
2929 therein in the event of default by a participating hospital
2930 institution, and to assign any such insurance or guarantee or
2931 letter of credit as security for bonds issued by the authority;
2932 and



2933 (9) To purchase and maintain business property insurance and
2934 business personal property insurance on all hospital-owned
2935 buildings and/or contents as required by federal law and
2936 regulations of the Federal Emergency Management Agency (FEMA) as
2937 is necessary for receiving public assistance or reimbursement for
2938 repair, reconstruction, replacement or other damage to those
2939 buildings and/or contents caused by the Hurricane Katrina Disaster
2940 of 2005 or subsequent disasters. The authority is authorized to
2941 expend funds from any available source for the purpose of
2942 obtaining and maintaining that property insurance. The authority
2943 is authorized to enter into agreements with the Department of
2944 Finance and Administration, local school districts,
2945 community/junior college districts, state institutions of higher
2946 learning, other community hospitals and/or other state agencies to
2947 pool their liabilities to participate in a group business property
2948 and/or business personal property insurance program, subject to
2949 uniform rules and regulations as may be adopted by the Department
2950 of Finance and Administration.

2951 **SECTION 34.** Section 37-7-303, Mississippi Code of 1972, is
2952 brought forward as follows:

2953 37-7-303. (1) The school board of any school district may
2954 insure motor vehicles for any hazard that the board may choose,
2955 and shall insure the school buildings, equipment and other school
2956 property of the district against any and all hazards that the
2957 board may deem necessary to provide insurance against. In



2958 addition, the local school board of any school district shall
2959 purchase and maintain business property insurance and business
2960 personal property insurance on all school district-owned buildings
2961 and/or contents as required by federal law and regulations of the
2962 Federal Emergency Management Agency (FEMA) as is necessary for
2963 receiving public assistance or reimbursement for repair,
2964 reconstruction, replacement or other damage to those buildings
2965 and/or contents caused by the Hurricane Katrina Disaster of 2005
2966 or subsequent disasters. The school district is authorized to
2967 expend funds from any available source for the purpose of
2968 obtaining and maintaining that property insurance. The school
2969 district is authorized to enter into agreements with the
2970 Department of Finance and Administration, other local school
2971 districts, community or junior college districts, state
2972 institutions of higher learning, community hospitals and/or other
2973 state agencies to pool their liabilities to participate in a group
2974 business property and/or business personal property insurance
2975 program, subject to uniform rules and regulations as may be
2976 adopted by the Department of Finance and Administration. Such
2977 school board shall be authorized to contract for such insurance
2978 for a term of not exceeding five (5) years and to obligate the
2979 district for the payment of the premiums thereon. When necessary,
2980 the school board is authorized and empowered, in its discretion,
2981 to borrow money payable in annual installments for a period of not
2982 exceeding five (5) years at a rate of interest not exceeding eight



2983 percent (8%) per annum to provide funds to pay such insurance
2984 premiums. The money so borrowed and the interest thereon shall be
2985 payable from any school funds of the district other than the total
2986 funding formula funds provided for in Sections 37-151-200 through
2987 37-151-215. The school boards of school districts are further
2988 authorized and empowered, in all cases where same may be
2989 necessary, to bring and maintain suits and other actions in any
2990 court of competent jurisdiction for the purpose of collecting the
2991 proceeds of insurance policies issued upon the property of such
2992 school district.

2993 (2) Two (2) or more school districts, together with other
2994 educational entities or agencies, may agree to pool their
2995 liabilities to participate in a group workers' compensation
2996 program. The governing authorities of any school board or other
2997 educational entity or agency may authorize the organization and
2998 operation of, or the participation in such a group self-insurance
2999 program with other school boards and educational entities or
3000 agencies, subject to the requirements of Section 71-3-5. The
3001 Workers' Compensation Commission shall approve such group
3002 self-insurance programs subject to uniform rules and regulations
3003 as may be adopted by the commission applicable to all groups.

3004 (3) The governing board of any county, municipality,
3005 municipal separate school district, other school district or
3006 community/junior college district, and the governing board or head
3007 of any other political subdivision or entity may negotiate for,



3008 secure and pool their risks under this section and may provide for
3009 the purchase of any one or more policies of property insurance, or
3010 the establishment of a self-insurance fund or self-insurance
3011 reserves, or any combination thereof. The governing board of any
3012 political subdivision or other entity set forth in this section is
3013 authorized to expend funds from any available source for the
3014 purpose of obtaining and maintaining that property insurance. The
3015 administration and service of any such self-insurance program
3016 shall be contracted to a third party and approved by the
3017 Commissioner of Insurance.

3018 **SECTION 35.** Section 37-101-15, Mississippi Code of 1972, is
3019 brought forward as follows:

3020 37-101-15. (a) The Board of Trustees of State Institutions
3021 of Higher Learning shall succeed to and continue to exercise
3022 control of all records, books, papers, equipment, and supplies,
3023 and all lands, buildings, and other real and personal property
3024 belonging to or assigned to the use and benefit of the board of
3025 trustees formerly supervising and controlling the institutions of
3026 higher learning named in Section 37-101-1. The board shall have
3027 and exercise control of the use, distribution and disbursement of
3028 all funds, appropriations and taxes, now and hereafter in
3029 possession, levied and collected, received, or appropriated for
3030 the use, benefit, support, and maintenance or capital outlay
3031 expenditures of the institutions of higher learning, including the
3032 authorization of employees to sign vouchers for the disbursement



3033 of funds for the various institutions, except where otherwise
3034 specifically provided by law.

3035 (b) The board shall have general supervision of the affairs
3036 of all the institutions of higher learning, including the
3037 departments and the schools thereof. The board shall have the
3038 power in its discretion to determine who shall be privileged to
3039 enter, to remain in, or to graduate therefrom. The board shall
3040 have general supervision of the conduct of libraries and
3041 laboratories, the care of dormitories, buildings, and grounds; the
3042 business methods and arrangement of accounts and records; the
3043 organization of the administrative plan of each institution; and
3044 all other matters incident to the proper functioning of the
3045 institutions. The board shall have the authority to establish
3046 minimum standards of achievement as a prerequisite for entrance
3047 into any of the institutions under its jurisdiction, which
3048 standards need not be uniform between the various institutions and
3049 which may be based upon such criteria as the board may establish.

3050 (c) The board shall exercise all the powers and prerogatives
3051 conferred upon it under the laws establishing and providing for
3052 the operation of the several institutions herein specified. The
3053 board shall adopt such bylaws and regulations from time to time as
3054 it deems expedient for the proper supervision and control of the
3055 several institutions of higher learning, insofar as such bylaws
3056 and regulations are not repugnant to the Constitution and laws,
3057 and not inconsistent with the object for which these institutions



3058 were established. The board shall have power and authority to
3059 prescribe rules and regulations for policing the campuses and all
3060 buildings of the respective institutions, to authorize the arrest
3061 of all persons violating on any campus any criminal law of the
3062 state, and to have such law violators turned over to the civil
3063 authorities.

3064 (d) For all institutions specified herein, the board shall
3065 provide a uniform system of recording and of accounting approved
3066 by the State Department of Audit. The board shall annually
3067 prepare, or cause to be prepared, a budget for each institution of
3068 higher learning for the succeeding year which must be prepared and
3069 in readiness for at least thirty (30) days before the convening of
3070 the regular session of the Legislature. All relationships and
3071 negotiations between the State Legislature and its various
3072 committees and the institutions named herein shall be carried on
3073 through the board of trustees. No official, employee or agent
3074 representing any of the separate institutions shall appear before
3075 the Legislature or any committee thereof except upon the written
3076 order of the board or upon the request of the Legislature or a
3077 committee thereof.

3078 (e) For all institutions specified herein, the board shall
3079 prepare an annual report to the Legislature setting forth the
3080 disbursements of all monies appropriated to the respective
3081 institutions. Each report to the Legislature shall show how the
3082 money appropriated to the several institutions has been expended,



3083 beginning and ending with the fiscal years of the institutions,
3084 showing the name of each teacher, officer, and employee, and the
3085 salary paid each, and an itemized statement of each and every item
3086 of receipts and expenditures. Each report must be balanced, and
3087 must begin with the former balance. If any property belonging to
3088 the state or the institution is used for profit, the reports shall
3089 show the expense incurred in managing the property and the amount
3090 received therefrom. The reports shall also show a summary of the
3091 gross receipts and gross disbursements for each year and shall
3092 show the money on hand at the beginning of the fiscal period of
3093 the institution next preceding each session of the Legislature and
3094 the necessary amount of expense to be incurred from said date to
3095 January 1 following. The board shall keep the annual expenditures
3096 of each institution herein mentioned within the income derived
3097 from legislative appropriations and other sources, but in case of
3098 emergency arising from acts of providence, epidemics, fire or
3099 storm with the written approval of the Governor and by written
3100 consent of a majority of the senators and of the representatives
3101 it may exceed the income. The board shall require a surety bond
3102 in a surety company authorized to do business in this state of
3103 every employee who is the custodian of funds belonging to one or
3104 more of the institutions mentioned herein, which bond shall be in
3105 a sum to be fixed by the board in an amount that will properly
3106 safeguard the said funds, the premium for which shall be paid out
3107 of the funds appropriated for said institutions.



3108 (f) The board shall have the power and authority to elect
3109 the heads of the various institutions of higher learning and to
3110 contract with all deans, professors, and other members of the
3111 teaching staff, and all administrative employees of said
3112 institutions for a term not exceeding four (4) years. The board
3113 shall have the power and authority to terminate any such contract
3114 at any time for malfeasance, inefficiency, or contumacious
3115 conduct, but never for political reasons. It shall be the policy
3116 of the board to permit the executive head of each institution to
3117 nominate for election by the board all subordinate employees of
3118 the institution over which he presides. It shall be the policy of
3119 the board to elect all officials for a definite tenure of service
3120 and to reelect during the period of satisfactory service. The
3121 board shall have the power to make any adjustments it thinks
3122 necessary between the various departments and schools of any
3123 institution or between the different institutions.

3124 (g) The board shall keep complete minutes and records of all
3125 proceedings which shall be open for inspection by any citizen of
3126 the state.

3127 (h) The board shall have the power to enter into an energy
3128 performance contract, energy services contract, on a
3129 shared-savings, lease or lease-purchase basis, for energy
3130 efficiency services and/or equipment as prescribed in Section
3131 31-7-14.



3132 (i) The Board of Trustees of State Institutions of Higher
3133 Learning, for and on behalf of Jackson State University, is hereby
3134 authorized to convey by donation or otherwise easements across
3135 portions of certain real estate located in the City of Jackson,
3136 Hinds County, Mississippi, for right-of-way required for the Metro
3137 Parkway Project.

3138 (j) In connection with any international contract between
3139 the board or one (1) of the state's institutions of higher
3140 learning and any party outside of the United States, the board or
3141 institution that is the party to the international contract is
3142 hereby authorized and empowered to include in the contract a
3143 provision for the resolution by arbitration of any controversy
3144 between the parties to the contract relating to such contract or
3145 the failure or refusal to perform any part of the contract. Such
3146 provision shall be valid, enforceable and irrevocable without
3147 regard to the justiciable character of the controversy. Provided,
3148 however, that in the event either party to such contract initiates
3149 litigation against the other with respect to the contract, the
3150 arbitration provision shall be deemed waived unless asserted as a
3151 defense on or before the responding party is required to answer
3152 such litigation.

3153 (k) The Board of Trustees of State Institutions of Higher
3154 Learning ("board"), on behalf of any institution under its
3155 jurisdiction, shall purchase and maintain business property
3156 insurance and business personal property insurance on all



3157 university-owned buildings and/or contents as required by federal
3158 law and regulations of the Federal Emergency Management Agency
3159 (FEMA) as is necessary for receiving public assistance or
3160 reimbursement for repair, reconstruction, replacement or other
3161 damage to those buildings and/or contents caused by the Hurricane
3162 Katrina Disaster of 2005 or subsequent disasters. The board is
3163 authorized to expend funds from any available source for the
3164 purpose of obtaining and maintaining that property insurance. The
3165 board is authorized to enter into agreements with the Department
3166 of Finance and Administration, local school districts,
3167 community/junior college districts, community hospitals and/or
3168 other state agencies to pool their liabilities to participate in a
3169 group business property and/or business personal property
3170 insurance program, subject to uniform rules and regulations as may
3171 be adopted by the Department of Finance and Administration.

3172 (l) The Board of Trustees of State Institutions of Higher
3173 Learning, or its designee, may approve the payment or
3174 reimbursement of reasonable travel expenses incurred by candidates
3175 for open positions at the board's executive office or at any of
3176 the state institutions of higher learning, when the job candidate
3177 has incurred expenses in traveling to a job interview at the
3178 request of the board, the Commissioner of Higher Education or a
3179 state institution of higher learning administrator.

3180 (m) (i) The Board of Trustees of State Institutions of
3181 Higher Learning is authorized to administer and approve contracts



3182 for the construction and maintenance of buildings and other
3183 facilities of the state institutions of higher learning, including
3184 related contracts for architectural and engineering services,
3185 which are paid for with self-generated funds.

3186 (ii) Additionally, the board is authorized to oversee,
3187 administer and approve contracts for the construction and
3188 maintenance of buildings and other facilities of the state
3189 institutions of higher learning, including related contracts for
3190 architectural and engineering services, which are funded in whole
3191 or in part by general obligation bonds of the State of Mississippi
3192 at institutions designated annually by the board as being capable
3193 to procure and administer all such contracts. Prior to the
3194 disbursement of funds, an agreement for each project between the
3195 institution and the Department of Finance and Administration shall
3196 be executed. The approval and execution of the agreement shall
3197 not be withheld by either party unless the withholding party
3198 provides a written, detailed explanation of the basis for
3199 withholding to the other party. The agreement shall stipulate the
3200 responsibilities of each party, applicable procurement
3201 regulations, documentation and reporting requirements, conditions
3202 prior to, and schedule of, disbursement of general obligation bond
3203 funds to the institution and provisions concerning handling any
3204 remaining general obligation bonds at the completion of the
3205 project. Such agreement shall not include provisions that
3206 constitute additional qualifications or criteria that act to



3207 invalidate the designation of an institution as capable of
3208 procuring and administering such project. Inclusion of any such
3209 provisions may be appealed to the Public Procurement Review Board.
3210 This paragraph (ii) shall stand repealed from and after July 1,
3211 2025.

3212 (n) The Board of Trustees of State Institutions of Higher
3213 Learning ("board") shall require all on-campus faculty and staff
3214 employed by, and all students attending, any of the state
3215 institutions of higher learning identified in Section 37-101-1 to
3216 be issued an identification badge in physical or electronic
3217 format. Any identification card issued or renewed pursuant to
3218 this section, whether physical or in an electronic format, shall
3219 include the words "Crisis Lifeline - Dial or Text 988, or chat
3220 988lifeline.org" or like language for formatting purposes.

3221 **SECTION 36.** Section 23 of this act shall take effect and be
3222 in force from and after July 1, 2026, and the remaining sections
3223 of this act shall take effect and be in force from and after July
3224 1, 2025.

