

**Replace By Substitute  
COMMITTEE AMENDMENT NO 1 PROPOSED TO**

**House Bill No. 924**

**BY: Committee**

**Amend by striking all after the enacting clause and inserting  
in lieu thereof the following:**

130        **SECTION 1.** The provisions of this act shall be known and may  
131 be cited as the "Creating Logic for Efficiency and Accountability  
132 Reform (CLEAR) Act."

133        **SECTION 2.** The following shall be codified as Section  
134 5-3-77, Mississippi Code of 1972:

135        **5-3-77.** (1) In addition to other duties and  
136 responsibilities set out in this chapter, the PEER Committee is  
137 authorized to establish a program of reviewing selected newly  
138 adopted state agency administrative rules. Such reviews shall  
139 produce a report to the Legislature on newly adopted state agency



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

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

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

154 37-3-5. (1) (a) The State Department of Education is  
155 hereby charged with the execution of all laws relating to the  
156 administrative, supervisory and consultative services to the  
157 public schools and agricultural high schools of the school  
158 districts throughout the State of Mississippi. The State  
159 Department of Education is also authorized to grant property to  
160 public school districts and agricultural high schools of the State  
161 of Mississippi.

162 (b) Subject to the direction of the State Board of  
163 Education as provided by law, the administration, management and  
164 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



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



215 Section 37-9-111. From the decision made at said hearing, any  
216 licensed employee shall be allowed an appeal to the chancery court  
217 in the same manner as appeals are authorized in Section 37-9-113.  
218 Any party aggrieved by action of the chancery court may appeal to  
219 the Mississippi Supreme Court as provided by law. In the event  
220 that a licensed employee is immediately relieved of duties pending  
221 a hearing, as provided in this section, said employee shall be  
222 entitled to compensation for a period up to and including the date  
223 that the initial hearing is set by the school board, in the event  
224 that there is a request for such a hearing by the employee. In  
225 the event that an employee does not request a hearing within five  
226 (5) calendar days of the date of the notice of discharge or  
227 suspension, it shall constitute a waiver of all rights by said  
228 employee and such discharge or suspension shall be effective on  
229 the date set out in the notice to the employee.

230 (2) The school board of every school district in this state  
231 is hereby prohibited from denying employment or reemployment to  
232 any person as a superintendent, principal or licensed employee, as  
233 defined in Section 37-19-1, or as a noninstructional personnel, as  
234 defined in Section 37-9-1, for the single reason that any eligible  
235 child of such person does not attend the school system in which  
236 such superintendent, principal, licensed employee or  
237 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.



287       (4) The State Department of Education shall develop guidance  
288 to help district nutrition programs improve their meals per labor  
289 hour to ensure efficiency and productivity in food service in  
290 schools. The department shall develop a standardized guide to  
291 assist districts with strategies to increase their breakfast  
292 participation rates.

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

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

299       37-37-1. (1) The State Department of Education is hereby  
300 authorized and directed to prescribe and formulate for use by all  
301 school districts of this state, including municipal separate  
302 school districts, adequate accounting systems and other essential  
303 financial records which shall be uniform for all of the school  
304 districts of this state. Such uniform system shall include a  
305 method of accounting for and keeping records of all funds  
306 received, handled and disbursed by such school district, whether  
307 derived from taxation or otherwise, including funds derived from  
308 donations, athletic events and other special activities of the  
309 school district. The uniform system of accounts so prescribed and  
310 formulated by the State Department of Education shall be  
311 distributed and disseminated to all of the school districts of





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

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

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

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

(2) The State Department of Education shall develop guidance for districts to use in assessing and optimizing bus routes with 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.



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

413 (d) On or after January 1, 2015, the division  
414 shall update the case-mix payment system resource utilization  
415 grouper and classifications and fair rental reimbursement system.  
416 The division shall develop and implement a payment add-on to  
417 reimburse nursing facilities for ventilator-dependent resident  
418 services.

419 (e) The division shall develop and implement, not  
420 later than January 1, 2001, a case-mix payment add-on determined  
421 by time studies and other valid statistical data that will  
422 reimburse a nursing facility for the additional cost of caring for  
423 a resident who has a diagnosis of Alzheimer's or other related  
424 dementia and exhibits symptoms that require special care. Any  
425 such case-mix add-on payment shall be supported by a determination  
426 of additional cost. The division shall also develop and implement  
427 as part of the fair rental reimbursement system for nursing  
428 facility beds, an Alzheimer's resident bed depreciation enhanced  
429 reimbursement system that will provide an incentive to encourage  
430 nursing facilities to convert or construct beds for residents with  
431 Alzheimer's or other related dementia.

432 (f) The division shall develop and implement an  
433 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



459 services for children who are in, or at risk of being put in, the  
460 custody of the Mississippi Department of Human Services may enter  
461 into a cooperative agreement with the Mississippi Department of  
462 Human Services for the provision of those services using state  
463 funds that are provided from the appropriation to the Department  
464 of Human Services to obtain federal matching funds through the  
465 division.

466           (6) Physician services. Fees for physician's services  
467 that are covered only by Medicaid shall be reimbursed at ninety  
468 percent (90%) of the rate established on January 1, 2018, and as  
469 may be adjusted each July thereafter, under Medicare. The  
470 division may provide for a reimbursement rate for physician's  
471 services of up to one hundred percent (100%) of the rate  
472 established under Medicare for physician's services that are  
473 provided after the normal working hours of the physician, as  
474 determined in accordance with regulations of the division. The  
475 division may reimburse eligible providers, as determined by the  
476 division, for certain primary care services at one hundred percent  
477 (100%) of the rate established under Medicare. The division shall  
478 reimburse obstetricians and gynecologists for certain primary care  
479 services as defined by the division at one hundred percent (100%)  
480 of the rate established under Medicare.

481           (7) (a) Home health services for eligible persons, not  
482 to exceed in cost the prevailing cost of nursing facility  
483 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.





509       The division may allow for a combination of prescriptions for  
510       single-source and innovator multiple-source drugs and generic  
511       drugs to meet the needs of the beneficiaries.

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

515       Drugs prescribed for a resident of a psychiatric residential  
516       treatment facility must be provided in true unit doses when  
517       available. The division may require that drugs not covered by  
518       Medicare Part D for a resident of a long-term care facility be  
519       provided in true unit doses when available. Those drugs that were  
520       originally billed to the division but are not used by a resident  
521       in any of those facilities shall be returned to the billing  
522       pharmacy for credit to the division, in accordance with the  
523       guidelines of the State Board of Pharmacy and any requirements of  
524       federal law and regulation. Drugs shall be dispensed to a  
525       recipient and only one (1) dispensing fee per month may be  
526       charged. The division shall develop a methodology for reimbursing  
527       for restocked drugs, which shall include a restock fee as  
528       determined by the division not exceeding Seven Dollars and  
529       Eighty-two Cents (\$7.82).

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



534       The division is authorized to develop and implement a program  
535 of payment for additional pharmacist services as determined by the  
536 division.

537       All claims for drugs for dually eligible Medicare/Medicaid  
538 beneficiaries that are paid for by Medicare must be submitted to  
539 Medicare for payment before they may be processed by the  
540 division's online payment system.

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

546       The division shall develop and implement a method or methods  
547 by which the division will provide on a regular basis to Medicaid  
548 providers who are authorized to prescribe drugs, information about  
549 the costs to the Medicaid program of single-source drugs and  
550 innovator multiple-source drugs, and information about other drugs  
551 that may be prescribed as alternatives to those single-source  
552 drugs and innovator multiple-source drugs and the costs to the  
553 Medicaid program of those alternative drugs.

554       Notwithstanding any law or regulation, information obtained  
555 or maintained by the division regarding the prescription drug  
556 program, including trade secrets and manufacturer or labeler  
557 pricing, is confidential and not subject to disclosure except to  
558 other state agencies.



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

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

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

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

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

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

582       The division shall increase the amount of the reimbursement  
583 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.



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

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

(b) Dialysis center services.

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

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



659 of Mental Health to provide therapeutic and case management  
660 services, to be reimbursed on a fee for service basis, or (c)  
661 provided in the community by a facility or program operated by the  
662 Department of Mental Health. Any such services provided by a  
663 facility described in subparagraph (b) must have the prior  
664 approval of the division to be reimbursable under this section.

665 (17) Durable medical equipment services and medical  
666 supplies. Precertification of durable medical equipment and  
667 medical supplies must be obtained as required by the division.  
668 The Division of Medicaid may require durable medical equipment  
669 providers to obtain a surety bond in the amount and to the  
670 specifications as established by the Balanced Budget Act of 1997.  
671 A maximum dollar amount of reimbursement for noninvasive  
672 ventilators or ventilation treatments properly ordered and being  
673 used in an appropriate care setting shall not be set by any health  
674 maintenance organization, coordinated care organization,  
675 provider-sponsored health plan, or other organization paid for  
676 services on a capitated basis by the division under any managed  
677 care program or coordinated care program implemented by the  
678 division under this section. Reimbursement by these organizations  
679 to durable medical equipment suppliers for home use of noninvasive  
680 and invasive ventilators shall be on a continuous monthly payment  
681 basis for the duration of medical need throughout a patient's  
682 valid prescription period.



683                   (18)   (a)   Notwithstanding any other provision of this  
684   section to the contrary, as provided in the Medicaid state plan  
685   amendment or amendments as defined in Section 43-13-145(10), the  
686   division shall make additional reimbursement to hospitals that  
687   serve a disproportionate share of low-income patients and that  
688   meet the federal requirements for those payments as provided in  
689   Section 1923 of the federal Social Security Act and any applicable  
690   regulations. It is the intent of the Legislature that the  
691   division shall draw down all available federal funds allotted to  
692   the state for disproportionate share hospitals. However, from and  
693   after January 1, 1999, public hospitals participating in the  
694   Medicaid disproportionate share program may be required to  
695   participate in an intergovernmental transfer program as provided  
696   in Section 1903 of the federal Social Security Act and any  
697   applicable regulations.

698                   (b)   (i)   1.   The division may establish a Medicare  
699   Upper Payment Limits Program, as defined in Section 1902(a)(30) of  
700   the federal Social Security Act and any applicable federal  
701   regulations, or an allowable delivery system or provider payment  
702   initiative authorized under 42 CFR 438.6(c), for hospitals,  
703   nursing facilities and physicians employed or contracted by  
704   hospitals.

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





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

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



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



782 supplemental payments made pursuant to any such transitional  
783 program shall not result in a decrease of more than five percent  
784 (5%) and shall not increase by more than the amount needed to  
785 maximize the distribution of the available funds.

786 (v) 1. To preserve and improve access to  
787 ambulance transportation provider services, the division shall  
788 seek CMS approval to make ambulance service access payments as set  
789 forth in this subsection (A)(18)(b) for all covered emergency  
790 ambulance services rendered on or after July 1, 2022, and shall  
791 make such ambulance service access payments for all covered  
792 services rendered on or after the effective date of CMS approval.

793 2. The division shall calculate the  
794 ambulance service access payment amount as the balance of the  
795 portion of the Medical Care Fund related to ambulance  
796 transportation service provider assessments plus any federal  
797 matching funds earned on the balance, up to, but not to exceed,  
798 the upper payment limit gap for all emergency ambulance service  
799 providers.

800 3. a. Except for ambulance services  
801 exempt from the assessment provided in this paragraph (18)(b), all  
802 ambulance transportation service providers shall be eligible for  
803 ambulance service access payments each state fiscal year as set  
804 forth in this paragraph (18)(b).

805 b. In addition to any other funds  
806 paid to ambulance transportation service providers for emergency



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

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

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

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



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

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

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



856                   (iv) The division shall assess each hospital  
857 as provided in Section 43-13-145(4) (a) for the purpose of  
858 financing the state portion of the MHAP, supplemental payments and  
859 such other purposes as specified in Section 43-13-145. The  
860 assessment will remain in effect as long as the MHAP and  
861 supplemental payments are in effect.

862                   (19) (a) Perinatal risk management services. The  
863 division shall promulgate regulations to be effective from and  
864 after October 1, 1988, to establish a comprehensive perinatal  
865 system for risk assessment of all pregnant and infant Medicaid  
866 recipients and for management, education and follow-up for those  
867 who are determined to be at risk. Services to be performed  
868 include case management, nutrition assessment/counseling,  
869 psychosocial assessment/counseling and health education. The  
870 division shall contract with the State Department of Health to  
871 provide services within this paragraph (Perinatal High Risk  
872 Management/Infant Services System (PHRM/ISS)). The State  
873 Department of Health shall be reimbursed on a full reasonable cost  
874 basis for services provided under this subparagraph (a).

875                   (b) Early intervention system services. The  
876 division shall cooperate with the State Department of Health,  
877 acting as lead agency, in the development and implementation of a  
878 statewide system of delivery of early intervention services, under  
879 Part C of the Individuals with Disabilities Education Act (IDEA).  
880 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





906 practitioners and neonatal nurse practitioners, under regulations  
907 adopted by the division. Reimbursement for those services shall  
908 not exceed ninety percent (90%) of the reimbursement rate for  
909 comparable services rendered by a physician. The division may  
910 provide for a reimbursement rate for nurse practitioner services  
911 of up to one hundred percent (100%) of the reimbursement rate for  
912 comparable services rendered by a physician for nurse practitioner  
913 services that are provided after the normal working hours of the  
914 nurse practitioner, as determined in accordance with regulations  
915 of the division.

916           (22) Ambulatory services delivered in federally  
917 qualified health centers, rural health centers and clinics of the  
918 local health departments of the State Department of Health for  
919 individuals eligible for Medicaid under this article based on  
920 reasonable costs as determined by the division. Federally  
921 qualified health centers shall be reimbursed by the Medicaid  
922 prospective payment system as approved by the Centers for Medicare  
923 and Medicaid Services. The division shall recognize federally  
924 qualified health centers (FQHCs), rural health clinics (RHCs) and  
925 community mental health centers (CMHCs) as both an originating and  
926 distant site provider for the purposes of telehealth  
927 reimbursement. The division is further authorized and directed to  
928 reimburse FQHCs, RHCs and CMHCs for both distant site and  
929 originating site services when such services are appropriately  
930 provided by the same organization.



931                   (23)   Inpatient psychiatric services.

932                   (a)   Inpatient psychiatric services to be  
933   determined by the division for recipients under age twenty-one  
934   (21) that are provided under the direction of a physician in an  
935   inpatient program in a licensed acute care psychiatric facility or  
936   in a licensed psychiatric residential treatment facility, before  
937   the recipient reaches age twenty-one (21) or, if the recipient was  
938   receiving the services immediately before he or she reached age  
939   twenty-one (21), before the earlier of the date he or she no  
940   longer requires the services or the date he or she reaches age  
941   twenty-two (22), as provided by federal regulations. From and  
942   after January 1, 2015, the division shall update the fair rental  
943   reimbursement system for psychiatric residential treatment  
944   facilities. Precertification of inpatient days and residential  
945   treatment days must be obtained as required by the division. From  
946   and after July 1, 2009, all state-owned and state-operated  
947   facilities that provide inpatient psychiatric services to persons  
948   under age twenty-one (21) who are eligible for Medicaid  
949   reimbursement shall be reimbursed for those services on a full  
950   reasonable cost basis.

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

955                   (24)   [Deleted]



956 (25) [Deleted]

957 (26) Hospice care. As used in this paragraph, the term  
958 "hospice care" means a coordinated program of active professional  
959 medical attention within the home and outpatient and inpatient  
960 care that treats the terminally ill patient and family as a unit,  
961 employing a medically directed interdisciplinary team. The  
962 program provides relief of severe pain or other physical symptoms  
963 and supportive care to meet the special needs arising out of  
964 physical, psychological, spiritual, social and economic stresses  
965 that are experienced during the final stages of illness and during  
966 dying and bereavement and meets the Medicare requirements for  
967 participation as a hospice as provided in federal regulations.

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

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

975 (29) The Division of Medicaid may apply for a waiver  
976 from the United States Department of Health and Human Services for  
977 home- and community-based services for developmentally disabled  
978 people using state funds that are provided from the appropriation  
979 to the State Department of Mental Health and/or funds transferred  
980 to the department by a political subdivision or instrumentality of



the state 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 Mental Health and/or transferred to the department by a political subdivision or instrumentality of the state.

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

(31) Targeted case management services for children with special needs, under waivers from the United States Department of Health and Human Services, 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.

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

(33) Podiatrist services.

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



1005 funds specifically appropriated for that purpose by the  
1006 Legislature.

1007           (35) Services and activities authorized in Sections  
1008 43-27-101 and 43-27-103, using state funds that are provided from  
1009 the appropriation to the Mississippi Department of Human Services  
1010 and used to match federal funds under a cooperative agreement  
1011 between the division and the department.

1012           (36) Nonemergency transportation services for  
1013 Medicaid-eligible persons as determined by the division. The PEER  
1014 Committee shall conduct a performance evaluation of the  
1015 nonemergency transportation program to evaluate the administration  
1016 of the program and the providers of transportation services to  
1017 determine the most cost-effective ways of providing nonemergency  
1018 transportation services to the patients served under the program.  
1019 The performance evaluation shall be completed and provided to the  
1020 members of the Senate Medicaid Committee and the House Medicaid  
1021 Committee not later than January 1, 2019, and every two (2) years  
1022 after the implementation date of each new contract thereafter.

1023           (37) [Deleted]

1024           (38) Chiropractic services. A chiropractor's manual  
1025 manipulation of the spine to correct a subluxation, if x-ray  
1026 demonstrates that a subluxation exists and if the subluxation has  
1027 resulted in a neuromusculoskeletal condition for which  
1028 manipulation is appropriate treatment, and related spinal x-rays  
1029 performed to document these conditions. Reimbursement for



1030 chiropractic services shall not exceed Seven Hundred Dollars  
1031 (\$700.00) per year per beneficiary.

1032 (39) Dually eligible Medicare/Medicaid beneficiaries.

1033 The division shall pay the Medicare deductible and coinsurance  
1034 amounts for services available under Medicare, as determined by  
1035 the division. From and after July 1, 2009, the division shall  
1036 reimburse crossover claims for inpatient hospital services and  
1037 crossover claims covered under Medicare Part B in the same manner  
1038 that was in effect on January 1, 2008, unless specifically  
1039 authorized by the Legislature to change this method.

1040 (40) [Deleted]

1041 (41) Services provided by the State Department of  
1042 Rehabilitation Services for the care and rehabilitation of persons  
1043 with spinal cord injuries or traumatic brain injuries, as allowed  
1044 under waivers from the United States Department of Health and  
1045 Human Services, using up to seventy-five percent (75%) of the  
1046 funds that are appropriated to the Department of Rehabilitation  
1047 Services from the Spinal Cord and Head Injury Trust Fund  
1048 established under Section 37-33-261 and used to match federal  
1049 funds under a cooperative agreement between the division and the  
1050 department.

1051 (42) [Deleted]

1052 (43) The division shall provide reimbursement,  
1053 according to a payment schedule developed by the division, for  
1054 smoking cessation medications for pregnant women during their



1055 pregnancy and other Medicaid-eligible women who are of  
1056 child-bearing age.

1057 (44) Nursing facility services for the severely  
1058 disabled.

1059 (a) Severe disabilities include, but are not  
1060 limited to, spinal cord injuries, closed-head injuries and  
1061 ventilator-dependent patients.

1062 (b) Those services must be provided in a long-term  
1063 care nursing facility dedicated to the care and treatment of  
1064 persons with severe disabilities.

1065 (45) Physician assistant services. Services furnished  
1066 by a physician assistant who is licensed by the State Board of  
1067 Medical Licensure and is practicing with physician supervision  
1068 under regulations adopted by the board, under regulations adopted  
1069 by the division. Reimbursement for those services shall not  
1070 exceed ninety percent (90%) of the reimbursement rate for  
1071 comparable services rendered by a physician. The division may  
1072 provide for a reimbursement rate for physician assistant services  
1073 of up to one hundred percent (100%) or the reimbursement rate for  
1074 comparable services rendered by a physician for physician  
1075 assistant services that are provided after the normal working  
1076 hours of the physician assistant, as determined in accordance with  
1077 regulations of the division.

1078 (46) The division shall make application to the federal  
1079 Centers for Medicare and Medicaid Services (CMS) for a waiver to



1080 develop and provide services for children with serious emotional  
1081 disturbances as defined in Section 43-14-1(1), which may include  
1082 home- and community-based services, case management services or  
1083 managed care services through mental health providers certified by  
1084 the Department of Mental Health. The division may implement and  
1085 provide services under this waived program only if funds for  
1086 these services are specifically appropriated for this purpose by  
1087 the Legislature, or if funds are voluntarily provided by affected  
1088 agencies.

1089           (47) (a) The division may develop and implement  
1090 disease management programs for individuals with high-cost chronic  
1091 diseases and conditions, including the use of grants, waivers,  
1092 demonstrations or other projects as necessary.

1093           (b) Participation in any disease management  
1094 program implemented under this paragraph (47) is optional with the  
1095 individual. An individual must affirmatively elect to participate  
1096 in the disease management program in order to participate, and may  
1097 elect to discontinue participation in the program at any time.

1098           (48) Pediatric long-term acute care hospital services.

1099           (a) Pediatric long-term acute care hospital  
1100 services means services provided to eligible persons under  
1101 twenty-one (21) years of age by a freestanding Medicare-certified  
1102 hospital that has an average length of inpatient stay greater than  
1103 twenty-five (25) days and that is primarily engaged in providing





1104 chronic or long-term medical care to persons under twenty-one (21)  
1105 years of age.

1106 (b) The services under this paragraph (48) shall  
1107 be reimbursed as a separate category of hospital services.

1108 (49) The division may establish copayments and/or  
1109 coinsurance for any Medicaid services for which copayments and/or  
1110 coinsurance are allowable under federal law or regulation.

1111 (50) Services provided by the State Department of  
1112 Rehabilitation Services for the care and rehabilitation of persons  
1113 who are deaf and blind, as allowed under waivers from the United  
1114 States Department of Health and Human Services to provide home-  
1115 and community-based services using state funds that are provided  
1116 from the appropriation to the State Department of Rehabilitation  
1117 Services or if funds are voluntarily provided by another agency.

1118 (51) Upon determination of Medicaid eligibility and in  
1119 association with annual redetermination of Medicaid eligibility,  
1120 beneficiaries shall be encouraged to undertake a physical  
1121 examination that will establish a base-line level of health and  
1122 identification of a usual and customary source of care (a medical  
1123 home) to aid utilization of disease management tools. This  
1124 physical examination and utilization of these disease management  
1125 tools shall be consistent with current United States Preventive  
1126 Services Task Force or other recognized authority recommendations.



1127           For persons who are determined ineligible for Medicaid, the  
1128 division will provide information and direction for accessing  
1129 medical care and services in the area of their residence.

1130           (52) Notwithstanding any provisions of this article,  
1131 the division may pay enhanced reimbursement fees related to trauma  
1132 care, as determined by the division in conjunction with the State  
1133 Department of Health, using funds appropriated to the State  
1134 Department of Health for trauma care and services and used to  
1135 match federal funds under a cooperative agreement between the  
1136 division and the State Department of Health. The division, in  
1137 conjunction with the State Department of Health, may use grants,  
1138 waivers, demonstrations, enhanced reimbursements, Upper Payment  
1139 Limits Programs, supplemental payments, or other projects as  
1140 necessary in the development and implementation of this  
1141 reimbursement program.

1142           (53) Targeted case management services for high-cost  
1143 beneficiaries may be developed by the division for all services  
1144 under this section.

1145           (54) [Deleted]

1146           (55) Therapy services. The plan of care for therapy  
1147 services may be developed to cover a period of treatment for up to  
1148 six (6) months, but in no event shall the plan of care exceed a  
1149 six-month period of treatment. The projected period of treatment  
1150 must be indicated on the initial plan of care and must be updated  
1151 with each subsequent revised plan of care. Based on medical



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

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

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

(58) Treatment services for persons with opioid dependency or other highly addictive substance use disorders. The division is authorized to reimburse eligible providers for 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



1202 affiliation agreement with an accredited university and other  
1203 documentation establishing that the hospital is  
1204 university-affiliated, is licensed and designated as a pediatric  
1205 hospital or pediatric primary hospital within its home state,  
1206 maintains at least five (5) different pediatric specialty training  
1207 programs, and maintains at least one hundred (100) operated beds  
1208 dedicated exclusively for the treatment of patients under the age  
1209 of twenty-one (21) years.

1210 (c) The cost of providing services to Mississippi  
1211 Medicaid beneficiaries under the age of twenty-one (21) years who  
1212 are treated by a border city university-affiliated pediatric  
1213 teaching hospital shall not exceed the cost of providing the same  
1214 services to individuals in hospitals in the state.

1215 (d) It is the intent of the Legislature that  
1216 payments shall not result in any in-state hospital receiving  
1217 payments lower than they would otherwise receive if not for the  
1218 payments made to any border city university-affiliated pediatric  
1219 teaching hospital.

1220 (e) This paragraph (60) shall stand repealed on  
1221 July 1, \* \* \* 2029.

1222 (B) Planning and development districts participating in the  
1223 home- and community-based services program for the elderly and  
1224 disabled as case management providers shall be reimbursed for case  
1225 management services at the maximum rate approved by the Centers  
1226 for Medicare and Medicaid Services (CMS).



1227           (C) The division may pay to those providers who participate  
1228 in and accept patient referrals from the division's emergency room  
1229 redirection program a percentage, as determined by the division,  
1230 of savings achieved according to the performance measures and  
1231 reduction of costs required of that program. Federally qualified  
1232 health centers may participate in the emergency room redirection  
1233 program, and the division may pay those centers a percentage of  
1234 any savings to the Medicaid program achieved by the centers'  
1235 accepting patient referrals through the program, as provided in  
1236 this subsection (C).

1237           (D) (1) As used in this subsection (D), the following terms  
1238 shall be defined as provided in this paragraph, except as  
1239 otherwise provided in this subsection:

1240                       (a) "Committees" means the Medicaid Committees of  
1241 the House of Representatives and the Senate, and "committee" means  
1242 either one of those committees.

1243                       (b) "Rate change" means an increase, decrease or  
1244 other change in the payments or rates of reimbursement, or a  
1245 change in any payment methodology that results in an increase,  
1246 decrease or other change in the payments or rates of  
1247 reimbursement, to any Medicaid provider that renders any services  
1248 authorized to be provided to Medicaid recipients under this  
1249 article.

1250           (2) Whenever the Division of Medicaid proposes a rate  
1251 change, the division shall give notice to the chairmen of the



1252 committees at least thirty (30) calendar days before the proposed  
1253 rate change is scheduled to take effect. The division shall  
1254 furnish the chairmen with a concise summary of each proposed rate  
1255 change along with the notice, and shall furnish the chairmen with  
1256 a copy of any proposed rate change upon request. The division  
1257 also shall provide a summary and copy of any proposed rate change  
1258 to any other member of the Legislature upon request.

1259           (3) If the chairman of either committee or both  
1260 chairmen jointly object to the proposed rate change or any part  
1261 thereof, the chairman or chairmen shall notify the division and  
1262 provide the reasons for their objection in writing not later than  
1263 seven (7) calendar days after receipt of the notice from the  
1264 division. The chairman or chairmen may make written  
1265 recommendations to the division for changes to be made to a  
1266 proposed rate change.

1267           (4) (a) The chairman of either committee or both  
1268 chairmen jointly may hold a committee meeting to review a proposed  
1269 rate change. If either chairman or both chairmen decide to hold a  
1270 meeting, they shall notify the division of their intention in  
1271 writing within seven (7) calendar days after receipt of the notice  
1272 from the division, and shall set the date and time for the meeting  
1273 in their notice to the division, which shall not be later than  
1274 fourteen (14) calendar days after receipt of the notice from the  
1275 division.



1276                   (b) After the committee meeting, the committee or  
1277 committees may object to the proposed rate change or any part  
1278 thereof. The committee or committees shall notify the division  
1279 and the reasons for their objection in writing not later than  
1280 seven (7) calendar days after the meeting. The committee or  
1281 committees may make written recommendations to the division for  
1282 changes to be made to a proposed rate change.

1283                   (5) If both chairmen notify the division in writing  
1284 within seven (7) calendar days after receipt of the notice from  
1285 the division that they do not object to the proposed rate change  
1286 and will not be holding a meeting to review the proposed rate  
1287 change, the proposed rate change will take effect on the original  
1288 date as scheduled by the division or on such other date as  
1289 specified by the division.

1290                   (6) (a) If there are any objections to a proposed rate  
1291 change or any part thereof from either or both of the chairmen or  
1292 the committees, the division may withdraw the proposed rate  
1293 change, make any of the recommended changes to the proposed rate  
1294 change, or not make any changes to the proposed rate change.

1295                   (b) If the division does not make any changes to  
1296 the proposed rate change, it shall notify the chairmen of that  
1297 fact in writing, and the proposed rate change shall take effect on  
1298 the original date as scheduled by the division or on such other  
1299 date as specified by the division.





1300                   (c) If the division makes any changes to the  
1301 proposed rate change, the division shall notify the chairmen of  
1302 its actions in writing, and the revised proposed rate change shall  
1303 take effect on the date as specified by the division.

1304                   (7) Nothing in this subsection (D) shall be construed  
1305 as giving the chairmen or the committees any authority to veto,  
1306 nullify or revise any rate change proposed by the division. The  
1307 authority of the chairmen or the committees under this subsection  
1308 shall be limited to reviewing, making objections to and making  
1309 recommendations for changes to rate changes proposed by the  
1310 division.

1311                   (E) Notwithstanding any provision of this article, no new  
1312 groups or categories of recipients and new types of care and  
1313 services may be added without enabling legislation from the  
1314 Mississippi Legislature, except that the division may authorize  
1315 those changes without enabling legislation when the addition of  
1316 recipients or services is ordered by a court of proper authority.

1317                   (F) The executive director shall keep the Governor advised  
1318 on a timely basis of the funds available for expenditure and the  
1319 projected expenditures. Notwithstanding any other provisions of  
1320 this article, if current or projected expenditures of the division  
1321 are reasonably anticipated to exceed the amount of funds  
1322 appropriated to the division for any fiscal year, the Governor,  
1323 after consultation with the executive director, shall take all



1324 appropriate measures to reduce costs, which may include, but are  
1325 not limited to:

1326           (1) Reducing or discontinuing any or all services that  
1327 are deemed to be optional under Title XIX of the Social Security  
1328 Act;

1329           (2) Reducing reimbursement rates for any or all service  
1330 types;

1331           (3) Imposing additional assessments on health care  
1332 providers; or

1333           (4) Any additional cost-containment measures deemed  
1334 appropriate by the Governor.

1335       To the extent allowed under federal law, any reduction to  
1336 services or reimbursement rates under this subsection (F) shall be  
1337 accompanied by a reduction, to the fullest allowable amount, to  
1338 the profit margin and administrative fee portions of capitated  
1339 payments to organizations described in paragraph (1) of subsection  
1340 (H).

1341       Beginning in fiscal year 2010 and in fiscal years thereafter,  
1342 when Medicaid expenditures are projected to exceed funds available  
1343 for the fiscal year, the division shall submit the expected  
1344 shortfall information to the PEER Committee not later than  
1345 December 1 of the year in which the shortfall is projected to  
1346 occur. PEER shall review the computations of the division and  
1347 report its findings to the Legislative Budget Office not later  
1348 than January 7 in any year.



1349           (G) Notwithstanding any other provision of this article, it  
1350 shall be the duty of each provider participating in the Medicaid  
1351 program to keep and maintain books, documents and other records as  
1352 prescribed by the Division of Medicaid in accordance with federal  
1353 laws and regulations.

1354           (H) (1) Notwithstanding any other provision of this  
1355 article, the division is authorized to implement (a) a managed  
1356 care program, (b) a coordinated care program, (c) a coordinated  
1357 care organization program, (d) a health maintenance organization  
1358 program, (e) a patient-centered medical home program, (f) an  
1359 accountable care organization program, (g) provider-sponsored  
1360 health plan, or (h) any combination of the above programs. As a  
1361 condition for the approval of any program under this subsection  
1362 (H)(1), the division shall require that no managed care program,  
1363 coordinated care program, coordinated care organization program,  
1364 health maintenance organization program, or provider-sponsored  
1365 health plan may:

1366                       (a) Pay providers at a rate that is less than the  
1367 Medicaid All Patient Refined Diagnosis Related Groups (APR-DRG)  
1368 reimbursement rate;

1369                       (b) Override the medical decisions of hospital  
1370 physicians or staff regarding patients admitted to a hospital for  
1371 an emergency medical condition as defined by 42 US Code Section  
1372 1395dd. This restriction (b) does not prohibit the retrospective  
1373 review of the appropriateness of the determination that an



1374 emergency medical condition exists by chart review or coding  
1375 algorithm, nor does it prohibit prior authorization for  
1376 nonemergency hospital admissions;

1377                   (c) Pay providers at a rate that is less than the  
1378 normal Medicaid reimbursement rate. It is the intent of the  
1379 Legislature that all managed care entities described in this  
1380 subsection (H), in collaboration with the division, develop and  
1381 implement innovative payment models that incentivize improvements  
1382 in health care quality, outcomes, or value, as determined by the  
1383 division. Participation in the provider network of any managed  
1384 care, coordinated care, provider-sponsored health plan, or similar  
1385 contractor shall not be conditioned on the provider's agreement to  
1386 accept such alternative payment models;

1387                   (d) Implement a prior authorization and  
1388 utilization review program for medical services, transportation  
1389 services and prescription drugs that is more stringent than the  
1390 prior authorization processes used by the division in its  
1391 administration of the Medicaid program. Not later than December  
1392 2, 2021, the contractors that are receiving capitated payments  
1393 under a managed care delivery system established under this  
1394 subsection (H) shall submit a report to the Chairmen of the House  
1395 and Senate Medicaid Committees on the status of the prior  
1396 authorization and utilization review program for medical services,  
1397 transportation services and prescription drugs that is required to  
1398 be implemented under this subparagraph (d);



1399 (e) [Deleted]  
1400 (f) Implement a preferred drug list that is more  
1401 stringent than the mandatory preferred drug list established by  
1402 the division under subsection (A)(9) of this section;  
1403 (g) Implement a policy which denies beneficiaries  
1404 with hemophilia access to the federally funded hemophilia  
1405 treatment centers as part of the Medicaid Managed Care network of  
1406 providers.

1407 Each health maintenance organization, coordinated care  
1408 organization, provider-sponsored health plan, or other  
1409 organization paid for services on a capitated basis by the  
1410 division under any managed care program or coordinated care  
1411 program implemented by the division under this section shall use a  
1412 clear set of level of care guidelines in the determination of  
1413 medical necessity and in all utilization management practices,  
1414 including the prior authorization process, concurrent reviews,  
1415 retrospective reviews and payments, that are consistent with  
1416 widely accepted professional standards of care. Organizations  
1417 participating in a managed care program or coordinated care  
1418 program implemented by the division may not use any additional  
1419 criteria that would result in denial of care that would be  
1420 determined appropriate and, therefore, medically necessary under  
1421 those levels of care guidelines.

1422 (2) Notwithstanding any provision of this section, the  
1423 recipients eligible for enrollment into a Medicaid Managed Care



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

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

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



1449 (c) Those reviews shall include, but not be  
1450 limited to, at least two (2) of the following items:

1451 (i) The financial benefit to the State of  
1452 Mississippi of the managed care program,

1453 (ii) The difference between the premiums paid  
1454 to the managed care contractors and the payments made by those  
1455 contractors to health care providers,

1456 (iii) Compliance with performance measures  
1457 required under the contracts,

1458 (iv) Administrative expense allocation  
1459 methodologies,

1460 (v) Whether nonprovider payments assigned as  
1461 medical expenses are appropriate,

1462 (vi) Capitated arrangements with related  
1463 party subcontractors,

1464 (vii) Reasonableness of corporate  
1465 allocations,

1466 (viii) Value-added benefits and the extent to  
1467 which they are used,

1468 (ix) The effectiveness of subcontractor  
1469 oversight, including subcontractor review,

1470 (x) Whether health care outcomes have been  
1471 improved, and

1472 (xi) The most common claim denial codes to  
1473 determine the reasons for the denials.



1474           The audit reports shall be considered public documents and  
1475 shall be posted in their entirety on the division's website.

1476           (4) All health maintenance organizations, coordinated  
1477 care organizations, provider-sponsored health plans, or other  
1478 organizations paid for services on a capitated basis by the  
1479 division under any managed care program or coordinated care  
1480 program implemented by the division under this section shall  
1481 reimburse all providers in those organizations at rates no lower  
1482 than those provided under this section for beneficiaries who are  
1483 not participating in those programs.

1484           (5) No health maintenance organization, coordinated  
1485 care organization, provider-sponsored health plan, or other  
1486 organization paid for services on a capitated basis by the  
1487 division under any managed care program or coordinated care  
1488 program implemented by the division under this section shall  
1489 require its providers or beneficiaries to use any pharmacy that  
1490 ships, mails or delivers prescription drugs or legend drugs or  
1491 devices.

1492           (6) (a) Not later than December 1, 2021, the  
1493 contractors who are receiving capitated payments under a managed  
1494 care delivery system established under this subsection (H) shall  
1495 develop and implement a uniform credentialing process for  
1496 providers. Under that uniform credentialing process, a provider  
1497 who meets the criteria for credentialing will be credentialed with  
1498 all of those contractors and no such provider will have to be





1499 separately credentialed by any individual contractor in order to  
1500 receive reimbursement from the contractor. Not later than  
1501 December 2, 2021, those contractors shall submit a report to the  
1502 Chairmen of the House and Senate Medicaid Committees on the status  
1503 of the uniform credentialing process for providers that is  
1504 required under this subparagraph (a).

1505               (b) If those contractors have not implemented a  
1506 uniform credentialing process as described in subparagraph (a) by  
1507 December 1, 2021, the division shall develop and implement, not  
1508 later than July 1, 2022, a single, consolidated credentialing  
1509 process by which all providers will be credentialed. Under the  
1510 division's single, consolidated credentialing process, no such  
1511 contractor shall require its providers to be separately  
1512 credentialed by the contractor in order to receive reimbursement  
1513 from the contractor, but those contractors shall recognize the  
1514 credentialing of the providers by the division's credentialing  
1515 process.

1516               (c) The division shall require a uniform provider  
1517 credentialing application that shall be used in the credentialing  
1518 process that is established under subparagraph (a) or (b). If the  
1519 contractor or division, as applicable, has not approved or denied  
1520 the provider credentialing application within sixty (60) days of  
1521 receipt of the completed application that includes all required  
1522 information necessary for credentialing, then the contractor or  
1523 division, upon receipt of a written request from the applicant and



1524 within five (5) business days of its receipt, shall issue a  
1525 temporary provider credential/enrollment to the applicant if the  
1526 applicant has a valid Mississippi professional or occupational  
1527 license to provide the health care services to which the  
1528 credential/enrollment would apply. The contractor or the division  
1529 shall not issue a temporary credential/enrollment if the applicant  
1530 has reported on the application a history of medical or other  
1531 professional or occupational malpractice claims, a history of  
1532 substance abuse or mental health issues, a criminal record, or a  
1533 history of medical or other licensing board, state or federal  
1534 disciplinary action, including any suspension from participation  
1535 in a federal or state program. The temporary  
1536 credential/enrollment shall be effective upon issuance and shall  
1537 remain in effect until the provider's credentialing/enrollment  
1538 application is approved or denied by the contractor or division.  
1539 The contractor or division shall render a final decision regarding  
1540 credentialing/enrollment of the provider within sixty (60) days  
1541 from the date that the temporary provider credential/enrollment is  
1542 issued to the applicant.

1543                   (d) If the contractor or division does not render  
1544 a final decision regarding credentialing/enrollment of the  
1545 provider within the time required in subparagraph (c), the  
1546 provider shall be deemed to be credentialed by and enrolled with  
1547 all of the contractors and eligible to receive reimbursement from  
1548 the contractors.



1549           (7)   (a)   Each contractor that is receiving capitated  
1550 payments under a managed care delivery system established under  
1551 this subsection (H) shall provide to each provider for whom the  
1552 contractor has denied the coverage of a procedure that was ordered  
1553 or requested by the provider for or on behalf of a patient, a  
1554 letter that provides a detailed explanation of the reasons for the  
1555 denial of coverage of the procedure and the name and the  
1556 credentials of the person who denied the coverage. The letter  
1557 shall be sent to the provider in electronic format.

1558           (b)   After a contractor that is receiving capitated  
1559 payments under a managed care delivery system established under  
1560 this subsection (H) has denied coverage for a claim submitted by a  
1561 provider, the contractor shall issue to the provider within sixty  
1562 (60) days a final ruling of denial of the claim that allows the  
1563 provider to have a state fair hearing and/or agency appeal with  
1564 the division. If a contractor does not issue a final ruling of  
1565 denial within sixty (60) days as required by this subparagraph  
1566 (b), the provider's claim shall be deemed to be automatically  
1567 approved and the contractor shall pay the amount of the claim to  
1568 the provider.

1569           (c)   After a contractor has issued a final ruling  
1570 of denial of a claim submitted by a provider, the division shall  
1571 conduct a state fair hearing and/or agency appeal on the matter of  
1572 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



1598 under a managed care delivery system established under this  
1599 subsection (H) shall provide to the Chairmen of the House and  
1600 Senate Medicaid Committees and House and Senate Public Health  
1601 Committees a report of LARC utilization for State Fiscal Years  
1602 2018 through 2020 as well as any programs, initiatives, or efforts  
1603 made by the contractors and providers to increase LARC  
1604 utilization. This report shall be updated annually to include  
1605 information for subsequent state fiscal years.

1606 (12) The division is authorized to make not more than  
1607 one (1) emergency extension of the contracts that are in effect on  
1608 July 1, 2021, with contractors who are receiving capitated  
1609 payments under a managed care delivery system established under  
1610 this subsection (H), as provided in this paragraph (12). The  
1611 maximum period of any such extension shall be one (1) year, and  
1612 under any such extensions, the contractors shall be subject to all  
1613 of the provisions of this subsection (H). The extended contracts  
1614 shall be revised to incorporate any provisions of this subsection  
1615 (H).

1616 (I) [Deleted]

1617 (J) There shall be no cuts in inpatient and outpatient  
1618 hospital payments, or allowable days or volumes, as long as the  
1619 hospital assessment provided in Section 43-13-145 is in effect.  
1620 This subsection (J) shall not apply to decreases in payments that  
1621 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.** Section 37-181-5, Mississippi Code of 1972, is amended as follows:



1647           37-181-5. (1) An eligible student shall qualify to  
1648 participate in the ESA program if the parent or guardian signs an  
1649 agreement promising:

1650               (a) To provide an organized, appropriate educational  
1651 program with measurable annual goals to their participating  
1652 student and to provide an education for the participating student  
1653 in at least the subjects of reading, grammar, mathematics, social  
1654 studies and science;

1655               (b) To document their participating student's  
1656 disability at intervals and in a manner required under subsection  
1657 (8) of this section;

1658               (c) Not to enroll their participating student in a  
1659 public school and to acknowledge as part of the agreement that the  
1660 eligible school has provided clear notice to the parent or  
1661 guardian that the participating student has no individual  
1662 entitlement to a free appropriate public education (FAPE) from  
1663 their home school district, including special education and  
1664 related services, for as long as the student is participating in  
1665 the ESA program;

1666               (d) Not to file for their participating student a  
1667 certificate of enrollment indicating participation in a home  
1668 instruction program under Section 37-13-91, Mississippi Code of  
1669 1972; and

1670               (e) Not to participate in the Mississippi Dyslexia  
1671 Therapy Scholarship for Students with Dyslexia Program or the



1672 Mississippi Speech-Language Therapy Scholarship for Students with  
1673 Speech-Language Impairments Program while participating in the ESA  
1674 program.

1675           (2) Parents or guardians shall use the funds deposited in a  
1676 participating student's ESA for any of the following qualifying  
1677 expenses, which shall be incurred within the awarded ESA school  
1678 year, to educate the student using any of the below methods or  
1679 combination of methods that meet the requirement in subsection  
1680 (1)(a) of this section:

1681                   (a) Tuition and/or academic fees at an eligible school;

1682                   (b) Textbooks related to academic coursework;

1683                   (c) Payment to a tutor, as defined in Section  
1684 37-181-3(h);

1685                   (d) Payment for purchase of curriculum, including any  
1686 supplemental materials required by the curriculum;

1687                   (e) Fees for nationally standardized norm-referenced  
1688 achievement tests, including alternate assessments; and fees for  
1689 Advanced Placement examinations or similar courses and any  
1690 examinations related to college or university admission;

1691                   (f) Educational services or therapies from a licensed  
1692 or certified practitioner or provider, including licensed or  
1693 certified paraprofessionals or educational aides;

1694                   (g) Tuition and fees related to dual enrollment at a  
1695 postsecondary institution;





1696                   (h) Textbooks related to academic coursework at a  
1697 postsecondary institution;

1698                   (i) Surety bond payments if required by the department;

1699                   (j) No more than Fifty Dollars (\$50.00) in annual  
1700 consumable school supplies necessary for educational services and  
1701 therapies, daily classroom activities, and tutoring;

1702                   (k) Computer hardware and software and other  
1703 technological devices if an eligible school, licensed or certified  
1704 tutor, licensed or certified educational service practitioner or  
1705 provider, or licensed medical professional verifies in writing  
1706 that these items are essential for the student to meet annual,  
1707 measurable educational and academic goals or goals within the  
1708 scope of the eligible student's IEP. Once a student is no longer  
1709 participating in the ESA program, computer hardware and software  
1710 and other technological devices purchased with ESA funds shall be  
1711 donated to a public school or public library. Qualifying expenses  
1712 for computer hardware and software include only those expenses  
1713 incurred within the awarded ESA school year.

1714           (3) To qualify to participate in the program, the parent or  
1715 guardian of an eligible student shall also certify to the  
1716 department that they have been accepted into an eligible school  
1717 qualified to provide services for the participating student's  
1718 disability or special education needs, or provide services  
1719 addressing a participating student's IEP, as required under this  
1720 chapter.



1721           (4) Neither a participating student, nor anyone on the  
1722 student's behalf, may receive cash or cash-equivalent items, such  
1723 as gift cards or store credit, from any refunds or rebates from  
1724 any provider of services or products in the ESA program. Any  
1725 refunds or rebates shall be credited directly to the participating  
1726 student's ESA. The funds in an ESA may only be used for  
1727 education-related purposes as defined in this chapter.

1728           (5) (a) Eligible schools, postsecondary institutions and  
1729 educational service providers that serve participating students  
1730 shall provide the parent or guardian who submitted the ESA program  
1731 application with an original itemized receipt, including the  
1732 service provider's name and address, for all qualifying expenses.  
1733 The parent or guardian who submitted the ESA application shall  
1734 provide the original itemized receipt to the department.

1735           (b) In lieu of providing the parent or guardian who  
1736 submitted the ESA program application with an original itemized  
1737 receipt, the eligible schools, postsecondary institutions and  
1738 educational service providers may provide to the department an  
1739 original itemized receipt approved and signed off on by the parent  
1740 or guardian who submitted the ESA application, including the  
1741 service provider's name and address, for all qualifying expenses.

1742           (6) Payment for educational services through an ESA shall  
1743 not preclude parents or guardians from paying for educational  
1744 services using non-ESA funds.



1745           (7) For purposes of continuity of educational attainment,  
1746 students who enroll in the ESA program shall remain eligible to  
1747 receive quarterly ESA payments until the participating student  
1748 returns to a public school, completes high school, completes the  
1749 school year in which the student reaches the age of twenty-one  
1750 (21), or does not have eligibility verified by a parent or  
1751 guardian as required under subsection (8) of this section,  
1752 whichever occurs first.

1753           (8) Any funds remaining in a student's Education Scholarship  
1754 Account upon completion of high school shall be returned to the  
1755 state's General Fund.

1756           (9) Every three (3) years after initial enrollment in the  
1757 ESA program, a parent or guardian of a participating student,  
1758 except a student diagnosed as being a person with a permanent  
1759 disability, shall document that the student continues to be  
1760 identified by the school district, a federal or state government  
1761 agency, or a licensed physician or psychometrist as a child with a  
1762 disability, as defined by the federal Individuals with  
1763 Disabilities Education Act (20 USCS Section 1401(3)).

1764           (10) An eligible student shall be allowed to return to his  
1765 or her home school district at any time after enrolling in the ESA  
1766 program, in compliance with regulations adopted by the department  
1767 providing for the least disruptive process for doing so. Except  
1768 as otherwise provided in this subsection (10), upon the  
1769 participating student's return to his or her home school district,



the student's Education Scholarship Account shall be closed and any remaining funds shall be distributed to the student's home school district at the end of the awarded ESA school year. In accordance with the provisions of subsections (2) and (5) of this section, the parent, guardian, eligible school or educational service provider may request reimbursement by submitting receipts for qualifying expenses up to thirty (30) calendar days after the student returns to a public school in his or her home school district. However, if the student returns to the public school on or after May 1 of the school year, the parent, guardian, eligible school or educational service provider may submit reimbursement requests until June 30, and any remaining funds after these requests shall be distributed to the student's home school district within fifteen (15) calendar days of the end of the applicable expense request deadline. If the student does not return to his or her home school district, any funds remaining in the student's Education Scholarship Account at the end of the awarded ESA school year shall be returned to the State General Fund.

**SECTION 10.** Section 37-181-7, Mississippi Code of 1972, is amended as follows:

37-181-7. (1) New enrollment in the ESA program created in this chapter shall be \* \* \* subject to appropriation from the State General Fund \* \* \*. Each student's ESA shall be funded at \* \* \* an amount equivalent to the student base amount under the



1795 total funding formula provided in Sections 37-151-200 through  
1796 37-151-215.

1797 (2) Subject to appropriation, eligible students shall be  
1798 approved for participation in the ESA program as follows:

1799 (a) Students shall be approved on a first-come,  
1800 first-served basis, with applications being reviewed on a rolling  
1801 basis;

1802 (b) After participation reaches fifty percent (50%) of  
1803 the annual enrollment limits in subsection (1) of this section,  
1804 the department shall set annual application deadlines for the  
1805 remaining number of available ESAs and begin to maintain a waiting  
1806 list of eligible students. The waitlist shall only include  
1807 eligible students who have certified to the department that they  
1808 have been accepted into an eligible school qualified to provide  
1809 services for the participating student's disability or special  
1810 education needs, or provide services addressing a participating  
1811 student's IEP. The waitlist will be maintained in the  
1812 chronological order in which applications are received. The  
1813 department shall award ESA program applications in chronological  
1814 order according to the waitlist; and

1815 (c) Participating students who remain eligible for the  
1816 ESA program are automatically approved for participation for the  
1817 following year and are not subject to the random selection  
1818 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 11.** 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 parents and the duties of the department. This information shall also be made available on the department's website.

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



1844     \* \* \*

1845           ( \* \* \*4)   (a)   The department shall make a determination of  
1846   eligibility, and shall approve the application, within twenty-one  
1847   (21) business days of receiving an application for participation  
1848   in the ESA program, subject to the provisions of Section  
1849   37-181-3(b) .

1850           (b)   The department shall provide for a procedure that  
1851   children with a ruling of hearing impairment or children suspected  
1852   of a hearing loss shall receive a comprehensive educational  
1853   assessment which may include the areas of cognitive development,  
1854   language/speech, audiological and academic achievement from the  
1855   state-funded Mississippi Assistance Center for Hearing Loss.  
1856   Children with a ruling of visual impairment or children suspected  
1857   of a visual impairment shall receive a comprehensive low\_vision  
1858   evaluation from the state-funded Low Vision Clinic.

1859           ( \* \* \*5)   The home school district shall provide the parent  
1860   or guardian of a participating student with a complete copy of the  
1861   student's school records, while complying with the Family  
1862   Educational Rights and Privacy Act of 1974 (20 USCS Section  
1863   1232(g)) .   The record shall be provided no later than thirty (30)  
1864   days after a parent signs an agreement to participate in the ESA  
1865   program.

1866           ( \* \* \*6)   The department shall implement an application or  
1867   authorization process to determine the eligibility of nonpublic



1868 schools to participate in the ESA program, ensuring nonpublic  
1869 schools meet the standards set out by law.

1870 **SECTION 12.** Section 37-181-15, Mississippi Code of 1972, is  
1871 amended as follows:

1872 37-181-15. (1) To ensure that students are treated fairly  
1873 and kept safe, all eligible schools shall:

1874 (a) Comply with the nondiscrimination policies set  
1875 forth in 42 USCS 1981;

1876 (b) Prior to a participating student's application for  
1877 enrollment \* \* \*:

1878 (i) Provide parents or guardians with details of  
1879 the school's programs, record of student achievement,  
1880 qualifications, experience, capacities to serve students with  
1881 special needs, and capacity to serve the participating student  
1882 within the scope of their IEP; and

1883 (ii) Advise parents of students who qualify for  
1884 the Nate Rogers scholarships, Dyslexia Therapy scholarships, and  
1885 any other scholarship programs currently offered or that come into  
1886 existence to apply for those programs instead of the ESA program;

1887 (c) Comply with all health and safety laws or codes  
1888 that apply to nonpublic schools;

1889 (d) Hold a valid occupancy permit if required by their  
1890 municipality;

1891 (e) Have no public record of fraud or malfeasance;





1892 (f) Require participating students to take a  
1893 pre-assessment at the beginning of the school year and the same  
1894 assessment, as a post-assessment, at the end of the school year.  
1895 The eligible school shall have the option to select \* \* \* a  
1896 nationally standardized norm-referenced achievement test \* \* \* or  
1897 a current state board-approved screener \* \* \*. If neither of  
1898 these assessment types are appropriate due to the severity of the  
1899 student's disability, the school should provide a  
1900 performance-based assessment appropriate for assessing the  
1901 student's abilities (such as a behavior checklist or  
1902 communications assessment), along with a statement that a  
1903 standardized achievement test or board-approved screener is not  
1904 appropriate for the student;

1905 (g) Notify a parent or guardian applying for the ESA  
1906 program that the parent or guardian waives the right of the  
1907 participating student to an individual entitlement to a free and  
1908 appropriate public education (FAPE) from their home school  
1909 district, including special education and related services, for as  
1910 long as the student is participating in the ESA program;

1911 (h) Conduct criminal background checks on employees  
1912 and:

1913 (i) Exclude from employment any person not  
1914 permitted by state law to work in a nonpublic school; and

1915 (ii) Exclude from employment any person who might  
1916 reasonably pose a threat to the safety of students; and



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

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

**SECTION 13.** Section 37-181-17, Mississippi Code of 1972, is amended as follows:

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

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

(b) The creation of the Education Scholarship Account program does not expand the regulatory authority of the state, its officers, or any school district to impose any additional regulation of nonpublic schools, postsecondary institutions or



educational service providers beyond those necessary to enforce the requirements of the ESA program; and

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

(2) Eligible schools, or the parent or guardian who submitted the ESA application, must submit special education services and student performance data to the State Department of Education at the end of the school year, including specific special education services provided to students with disabilities enrolled in the ESA program and the individual results of the pre-assessment and post-assessment required in Section 37-181-15(1)(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 14.** Section 37-181-1, Mississippi Code of 1972, is brought forward as follows:

37-181-1. This chapter shall be known and may be cited as "The Equal Opportunity for Students with Special Needs Act."

**SECTION 15.** Section 37-181-3, Mississippi Code of 1972, is brought forward as follows:

37-181-3. The terms used in this chapter shall have the meanings ascribed herein, unless the context clearly indicates otherwise:

(a) "ESA program" means the Education Scholarship Account (ESA) program created in this chapter.

(b) "Eligible student" means any student who has had an active Individualized Education Program (IEP) within the past three (3) years and has maintained eligibility.

(c) "Participating student" means any student who meets the qualifications of an eligible student as defined in paragraph (b) of this section and is participating in an ESA program at an eligible school.

(d) "Parent" means a resident of this state who is a parent, legal guardian, custodian or other person with the authority to act on behalf of the eligible student.

(e) "Department" means the State Department of Education.

(f) "Home school district" means the public school district in which the student resides.



(g) "Eligible school" means a state-accredited special purpose school, a state-accredited nonpublic school, or a nonpublic school located in the state that has enrolled a participating student and is providing services for the participating student's disability or special education needs, or is providing services addressing a participating student's IEP. An eligible school does not include a home instruction program under Section 37-13-91, Mississippi Code of 1972.

(h) "Tutor" means a person who is certified or licensed by a state, regional, or national certification, licensing, or accreditation organization or who has earned a valid teacher's license or who has experience teaching at an eligible postsecondary institution.

(i) "Postsecondary institution" means a community college, college, or university accredited by a state, regional or national accrediting organization.

(j) "Educational service provider" means an eligible school, tutor, or other person or organization that provides education-related services and products to participating students.

(k) "Awarded ESA school year" means the duration of the school year in which ESA program funds are deposited in a student's ESA.

(l) Nothing in this section shall negate federal law requiring public school districts to identify and provide services to students with disabilities who live within the public school



district, including those enrolled in nonpublic schools or home instruction programs.

(m) An eligible school shall provide notice to a participating student's home school district when the eligible student enrolls in the eligible school with an ESA. Furthermore, a public school district providing special education services to a participating student enrolled in an eligible school shall be reimbursed by the eligible school, or parent or guardian who submitted the ESA application, fair market value for any special education services rendered to the eligible student in an amount not to exceed the amount of ESA funds reimbursed to the eligible student during the awarded ESA school year.

**SECTION 16.** Section 37-181-11, Mississippi Code of 1972, is brought forward as follows:

37-181-11. (1) To ensure that funds are spent appropriately, the State Department of Education shall adopt rules and policies necessary for the administration of the ESA program, including the auditing of Education Scholarship Accounts, and shall conduct or contract for random audits throughout the year.

(2) (a) The department shall develop a system for payment of benefits, including, but not limited to, allowing educational service providers to invoice the department for qualified expenses consistent with Section 37-181-5(2), or allowing the parent or guardian who submitted the ESA program application to seek



2041 reimbursement for qualified expenses consistent with Section  
2042 37-181-5(2).

2043 (b) The department may make payments to educational  
2044 service providers or reimbursement to the parent or guardian who  
2045 submitted the ESA program application via check or warrant or  
2046 electronic funds transfer or any other means of payment deemed to  
2047 be commercially viable or cost-effective.

2048 (c) The department may also establish by rule that some  
2049 payments to educational service providers will be made on a  
2050 quarterly basis, rather than an annual basis, if the educational  
2051 services will be rendered over an extended period of time.

2052 (3) The department shall adopt a process for removing  
2053 educational service providers that defraud parents and for  
2054 referring cases of fraud to law enforcement.

2055 (4) The department shall establish or contract for the  
2056 establishment of an online anonymous fraud reporting service.

2057 (5) The department shall establish or contract for the  
2058 establishment of an anonymous telephone hotline for fraud  
2059 reporting.

2060 **SECTION 17.** Section 37-181-13, Mississippi Code of 1972, is  
2061 brought forward as follows:

2062 37-181-13. (1) The Joint Legislative Committee on  
2063 Performance Evaluation and Expenditure Review (PEER) shall prepare  
2064 a biannual report, beginning in 2018 and every two (2) years  
2065 thereafter, assessing efficacy of Education Scholarship Accounts,



to include the sufficiency of funding, and recommending any suggested changes in state law or policy necessary to improve the ESA program.

(2) The report shall assess:

(a) The degree to which eligible schools are meeting the needs of participating students as defined by the participating students' IEPs;

(b) The level of participating students' satisfaction with the ESA program;

(c) The level of parental or guardian satisfaction with the ESA program;

(d) Participating students' performance, both pre-assessment and post-assessment, on the eligible school's current assessment used to demonstrate academic progress, a nationally standardized norm-referenced achievement test, or a current state board-approved screener, as required in Section 37-181-15(f);

(e) Participating students' performance on Advanced Placement examinations or similar courses and any examinations related to college or university admission; provided that eligible schools must report participating students' performance on Advanced Placement examinations and any examinations related to college or university admission;

(f) The four-year high school graduation rates and college acceptance rates of participating students; provided that





2091 eligible schools must report participating students' high school  
2092 graduation rates and, if known, college acceptance rates;

2093 (g) The percentage of funds used for each qualifying  
2094 expense identified in Section 37-181-5(2); and

2095 (h) The fiscal impact to the state and home school  
2096 districts of the ESA program, which must consider both the impact  
2097 on revenue and the impact on expenses. Furthermore, the fiscal  
2098 savings associated with students departing public schools must be  
2099 explicitly quantified, even if the public school losing the  
2100 student(s) does not reduce its spending accordingly.

2101 (3) The report shall:

2102 (a) Apply appropriate analytical and behavioral science  
2103 methodologies to ensure public confidence in the study; and

2104 (b) Protect the identity of participating students and  
2105 schools by, among other things, keeping anonymous all  
2106 disaggregated data.

2107 (4) PEER shall provide the Legislature with a final copy of  
2108 the report of the ESA program before December 31 each year the  
2109 report is due. At the same time, the study shall also be placed  
2110 in a prominent location on the PEER website.

2111 (5) PEER must make its data and methodology available for  
2112 public review while complying with the requirements of the Family  
2113 Educational Rights and Privacy Act (20 USCS Section 1232(g)).

2114 **SECTION 18.** Section 37-181-19, Mississippi Code of 1972, is  
2115 brought forward as follows:



2116           37-181-19. The State Department of Education may receive and  
2117 expend contributions from any public or private source to fund  
2118 ESAs for participating students.

2119           **SECTION 19.** Section 37-181-21, Mississippi Code of 1972, is  
2120 brought forward as follows:

2121           37-181-21. If any provision of this law or its application  
2122 is held invalid, the invalidity does not affect other provisions  
2123 or applications of this law which can be given effect without the  
2124 invalid provision or application and to this end the provisions of  
2125 this law are severable.

2126           **SECTION 20.** Section 37-181-23, Mississippi Code of 1972, is  
2127 brought forward as follows:

2128           37-181-23. Sections 37-181-1 through 37-181-23, Mississippi  
2129 Code of 1972, shall stand repealed on July 1, 2028.

2130           **SECTION 21.** Section 47-5-579, Mississippi Code of 1972, is  
2131 amended as follows:

2132           47-5-579. (1) (a) The corporation shall operate a work  
2133 initiative at the Central Mississippi Correctional Facility, South  
2134 Mississippi Correctional Institution, Mississippi State  
2135 Penitentiary and the Mississippi Correctional Institute for Women,  
2136 and is authorized, in its discretion, to create a work initiative  
2137 at any other correctional facility listed in Section 47-5-539(d).  
2138 In lieu of a work initiative created by the corporation, the  
2139 warden or superintendent or sheriff at any regional and private  
2140 facility listed in Section 47-5-539 is authorized to create a work



2141 initiative at their respective facility consistent with the  
2142 provisions and requirements of this section. Each initiative  
2143 shall be limited to no more than twenty-five (25) inmates in the  
2144 state, regional or private facility at any given time.

2145 (b) The department, with regard to a work initiative in  
2146 an MDOC facility, shall:

2147 (i) Have the ultimate authority for oversight of  
2148 the administration of the initiative;

2149 (ii) Delegate the administration of the initiative  
2150 to the corporation; and

2151 (iii) Oversee the selection of inmates for  
2152 admission to the initiative.

2153 (c) The sheriff, with regard to a work initiative at a  
2154 regional facility, shall:

2155 (i) Have the ultimate authority for oversight of  
2156 the administration of the initiative;

2157 (ii) Oversee the selection of inmates for  
2158 admission to the initiative; and

2159 (iii) Work with the department and the corporation  
2160 to establish guidelines for the initiative and develop a report  
2161 thereon.

2162 (2) (a) An inmate is eligible for participation in the  
2163 initiative if the inmate has:

2164 (i) No more than two (2) years remaining on the  
2165 inmate's sentence;



2166                   (ii) Not been convicted under Section 97-9-49  
2167 within the last five (5) years; and

2168                   (iii) Not been sentenced for a sex offense as  
2169 defined in Section 45-33-23(h) .

2170           (b) Any inmate who meets the eligibility requirements  
2171 of paragraph (a) may request assignment to a work initiative  
2172 established under this section.

2173           (3) (a) The commissioner, in the case of MDOC facilities,  
2174 or the warden, superintendent, sheriff or similar leader in the  
2175 case of regional and private facilities, shall select inmates for  
2176 admission to the program.

2177           (b) An inmate currently participating in vocational  
2178 training or a soft skills training program at a facility  
2179 authorized to operate a work initiative shall have priority in  
2180 admission to the program.

2181           (4) (a) The chief executive officer, in the case of MDOC  
2182 facilities, or the warden, superintendent, sheriff or similar  
2183 leader in the case of regional and private facilities, may  
2184 authorize the inmate to participate in educational or other  
2185 rehabilitative programs designed to supplement his work initiative  
2186 employment or to prepare the person for successful reentry.

2187           (b) Before accepting any participants to the program,  
2188 the corporation, in consultation with the department, shall adopt  
2189 and publish rules and regulations to effectuate this section no  
2190 later than six (6) months after the effective date of this



2191 section. These rules and regulations shall include all protection  
2192 requirements for work release programs established pursuant to  
2193 Sections 47-5-451 through 47-5-471.

2194 (5) Participating employers shall pay no less than the  
2195 prevailing wage for the position and shall under no circumstance  
2196 pay less than the federal minimum wage.

2197 (6) Any inmate assigned to the initiative who, without  
2198 proper authority or just cause, leaves the area to which he has  
2199 been assigned to work or attend educational or other  
2200 rehabilitative programs, or leaves the vehicle or route of travel  
2201 involved in his or her going to or returning from such place, will  
2202 be guilty of escape as provided in Section 97-9-49. An offender  
2203 who is convicted under Section 97-9-49 shall be ineligible for  
2204 further participation in the work initiative during his or her  
2205 current term of confinement.

2206 (7) (a) The inmate shall maintain an account through a  
2207 local financial institution and shall provide a copy of a check  
2208 stub to the chief executive officer, the warden, the  
2209 superintendent or the sheriff at a regional facility, as the case  
2210 may be.

2211 (b) The inmate shall be required:

2212 (i) To pay twenty-five percent (25%) of the  
2213 inmate's wages after mandatory deductions for the following  
2214 purposes:



2215                   1. To pay support of dependents or to the  
2216 Mississippi Department of Human Services on behalf of dependents  
2217 as may be ordered by a judge of competent jurisdiction; and

2218                   2. To pay any fines, restitution, or costs as  
2219 ordered by the court to include any fines and fees associated with  
2220 obtaining a valid driver's license upon release.

2221                   (ii) To pay fifteen percent (15%) of the inmate's  
2222 wages after mandatory deductions to the corporation for  
2223 administrative expenses to include transportation costs to be  
2224 remitted to the state, regional or private facility where the  
2225 inmate is housed. In the case of state facilities, the  
2226 administrative expense reimbursement shall be paid to the  
2227 corporation; in the case of regional facilities, the  
2228 administrative expense reimbursement shall be paid to the  
2229 sheriff's department; in the case of private facilities the  
2230 administrative expense reimbursement shall be paid to the  
2231 contractor overseeing the facility.

2232                   (iii) To save fifty percent (50%) of the inmate's  
2233 wages after mandatory reductions in the account required under  
2234 paragraph (a) of this subsection. Monies under this subparagraph  
2235 shall be made available to the inmate upon parole or release.

2236                   (c) The inmate shall have access to the remaining ten  
2237 percent (10%) of the monies in the inmate's account to purchase  
2238 incidental expenses.



2239           (d) Any monies remaining under paragraph (a) of this  
2240 subsection after all mandatory deductions are paid, shall be  
2241 deposited in the inmate's account established under this  
2242 subsection. Any monies remaining upon release in paragraph (c) of  
2243 this subsection shall be released to the inmate.

2244           (8) The chief executive officer of the corporation shall  
2245 collect and maintain data which shall be shared semiannually with  
2246 the Joint Legislative Committee on Performance Evaluation and  
2247 Expenditure Review (PEER) and the Corrections and Criminal Justice  
2248 Oversight Task Force in sortable electronic format. The first  
2249 report shall be made on January 15, 2023, and in six-month  
2250 intervals thereafter unless PEER establishes a different schedule.  
2251 The data shall include:

2252           (a) Total number of participants at the end of each  
2253 month by race, gender, and offenses charged;

2254           (b) Total number of participants who began the program  
2255 in each month by race, gender, and offenses charged;

2256           (c) Total number of participants who successfully  
2257 completed the program in each month by race, gender, and offenses  
2258 charged;

2259           (d) Total number of participants who left the program  
2260 in each month and reason for leaving by race, gender, and offenses  
2261 charged;



2262 (e) Total number of participants who were arrested for  
2263 a new criminal offense while in the program in each month by race,  
2264 gender and offenses charged;

2265 (f) Total number of participants who were convicted of  
2266 a new crime while in the program in each month by race, gender and  
2267 offenses charged;

2268 (g) Total number of participants who completed the  
2269 program and were convicted of a new crime within three (3) years  
2270 of completing the program;

2271 (h) Total amount earned by participants and how the  
2272 earnings were distributed in each month;

2273 (i) Results of any initial risk and needs assessments  
2274 conducted on each participant by race, gender, and offenses  
2275 charged;

2276 (j) List of participating employers;

2277 (k) List of jobs acquired by participants;

2278 (l) List of the hourly wage paid to each participant;

2279 (m) Accounting of the manner and use of the \* \* \*  
2280 fifteen percent (15%) of the wages paid to the corporation by the  
2281 inmate for administrative expenses;

2282 (n) Total costs associated with program operations;

2283 (o) List of participating financial institutions;

2284 (p) \* \* \* Participating financial institutions, which  
2285 must collect, maintain and report the create date for financial  
2286 accounts opened by work initiative participants;





2287           (q) The average hourly wage earned in the  
2288 program; \* \* \*

2289           (r) The accounting of any dependent support payments,  
2290 finances, restitutions, fees or costs as ordered by the court for  
2291 each work initiative participant;

2292           (s) The collection, maintenance and reporting of the  
2293 remaining sentence length of work initiative participants;

2294           ( \* \* \*t) Any other data or information as requested by  
2295 the task force.

2296           (9) The Joint Legislative Committee on Performance  
2297 Evaluation and Expenditure Review (PEER) shall conduct a review of  
2298 the initiative, including any expansion of the initiative  
2299 authorized under this section, and produce an annual report to the  
2300 Legislature on their effectiveness by January 1 of each year. The  
2301 PEER Committee shall seek the assistance of the Corrections and  
2302 Criminal Justice Task Force and may seek assistance from any other  
2303 criminal justice experts it deems necessary during its review.

2304           **SECTION 22.** Section 37-28-7, Mississippi Code of 1972, is  
2305 amended as follows:

2306           37-28-7. (1) There is created the Mississippi Charter  
2307 School Authorizer Board as a state agency with exclusive  
2308 chartering jurisdiction in the State of Mississippi. Unless  
2309 otherwise authorized by law, no other governmental agency or  
2310 entity may assume any charter authorizing function or duty in any  
2311 form.



2312           (2)   (a)   The mission of the Mississippi Charter School  
2313 Authorizer Board is to authorize high-quality charter schools,  
2314 particularly schools designed to expand opportunities for  
2315 underserved students, consistent with the purposes of this  
2316 chapter. Subject to the restrictions and conditions prescribed in  
2317 this subsection, the Mississippi Charter School Authorizer Board  
2318 may authorize charter schools within the geographical boundaries  
2319 of any school district.

2320           (b)   The Mississippi Charter School Authorizer Board may  
2321 approve a maximum of fifteen (15) qualified charter applications  
2322 during a fiscal year.

2323           (c)   In any school district designated as an "A," "B" or  
2324 "C" school district by the State Board of Education under the  
2325 accreditation rating system at the time of application, the  
2326 Mississippi Charter School Authorizer Board may authorize charter  
2327 schools only if a majority of the members of the local school  
2328 board votes at a public meeting to endorse the application or to  
2329 initiate the application on its own initiative.

2330           (3)   The Mississippi Charter School Authorizer Board shall  
2331 consist of seven (7) members, to be appointed as follows:

2332           (a)   Three (3) members appointed by the Governor, with  
2333 one (1) member being from each of the Mississippi Supreme Court  
2334 Districts.



2335                   (b) Three (3) members appointed by the Lieutenant  
2336 Governor, with one (1) member being from each of the Mississippi  
2337 Supreme Court Districts.

2338                   (c) One (1) member appointed by the State  
2339 Superintendent of Public Education.

2340           All appointments must be made with the advice and consent of  
2341 the Senate. In making the appointments, the appointing authority  
2342 shall ensure diversity among members of the Mississippi Charter  
2343 School Authorizer Board.

2344           (4) Members appointed to the Mississippi Charter School  
2345 Authorizer Board collectively must possess strong experience and  
2346 expertise in public and nonprofit governance, management and  
2347 finance, public school leadership, assessment, curriculum and  
2348 instruction, and public education law. Each member of the  
2349 Mississippi Charter School Authorizer Board must have demonstrated  
2350 an understanding of and commitment to charter schooling as a  
2351 strategy for strengthening public education.

2352           (5) To establish staggered terms of office, the initial term  
2353 of office for the three (3) Mississippi Charter School Authorizer  
2354 Board members appointed by the Governor shall be \* \* \* staggered  
2355 with one (1) member serving a one-year term, one (1) member  
2356 serving a two-year term, and one (1) member serving a three-year  
2357 term; the initial term of office for the three (3) members  
2358 appointed by the Lieutenant Governor shall be \* \* \* staggered with  
2359 one (1) member serving a one-year term, one (1) member serving a



2360 two-year term, and one (1) member serving a three-year term; and  
2361 the initial term of office for the member appointed by the State  
2362 Superintendent of Public Education shall be two (2) years \* \* \*.  
2363 After the expiration of the initial terms, members of the board  
2364 shall serve terms of three (3) years. No member may serve more  
2365 than two (2) consecutive terms. The initial appointments must be  
2366 made before \* \* \* thirty (30) days after July 1, 2025.

2367 (6) The Mississippi Charter School Authorizer Board shall  
2368 meet as soon as practical after September 1, 2013, upon the call  
2369 of the Governor, and shall organize for business by selecting a  
2370 chairman and adopting bylaws. Subsequent meetings shall be called  
2371 by the chairman.

2372 (7) An individual member of the Mississippi Charter School  
2373 Authorizer Board may be removed by the board if the member's  
2374 personal incapacity renders the member incapable or unfit to  
2375 discharge the duties of the office or if the member is absent from  
2376 a number of meetings of the board, as determined and specified by  
2377 the board in its bylaws. Whenever a vacancy on the Mississippi  
2378 Charter School Authorizer Board exists, the original appointing  
2379 authority shall appoint a member for the remaining portion of the  
2380 term.

2381 (8) No member of the Mississippi Charter School Authorizer  
2382 Board or employee, agent or representative of the board may serve  
2383 simultaneously as an employee, trustee, agent, representative,  
2384 vendor or contractor of a charter school authorized by the board.



2385           (9) The Mississippi Charter School Authorizer Board shall  
2386 appoint an individual to serve as the Executive Director of the  
2387 Mississippi Charter School Authorizer Board. The executive  
2388 director shall possess the qualifications established by the board  
2389 which are based on national best practices, and shall possess an  
2390 understanding of state and federal education law. The executive  
2391 director, who shall serve at the will and pleasure of the board,  
2392 shall devote his full time to the proper administration of the  
2393 board and the duties assigned to him by the board and shall be  
2394 paid a salary established by the board, subject to the approval of  
2395 the State Personnel Board. Subject to the availability of  
2396 funding, the executive director may employ such administrative  
2397 staff as may be necessary to assist the director and board in  
2398 carrying out the duties and directives of the Mississippi Charter  
2399 School Authorizer Board.

2400           (10) The Mississippi Charter School Authorizer Board is  
2401 authorized to obtain suitable office space for administrative  
2402 purposes. In acquiring a facility or office space, the authorizer  
2403 board shall adhere to all policies and procedures required by the  
2404 Department of Finance and Administration and the Public  
2405 Procurement Review Board.

2406           **SECTION 23.** Section 37-28-11, Mississippi Code of 1972, is  
2407 amended as follows:

2408           37-28-11. (1) To cover the costs of overseeing charter  
2409 schools in accordance with this chapter, the authorizer shall



2410 receive up to three percent (3%) of annual per-pupil allocations  
2411 received by a charter school from state and local funds for each  
2412 charter school it authorizes.

2413 (2) The authorizer may receive appropriate gifts, grants and  
2414 donations of any kind from any public or private entity to carry  
2415 out the purposes of this chapter, subject to all lawful terms and  
2416 conditions under which the gifts, grants or donations are given.

2417 (3) The authorizer may expend its resources, seek grant  
2418 funds and establish partnerships to support its charter school  
2419 authorizing activities.

2420 **SECTION 24.** Section 1, Chapter 431, Laws of 2024, is amended  
2421 as follows:

2422 Section 1. (1) There is hereby established the "Mississippi  
2423 K-12 and Postsecondary Mental Health Task Force," created to  
2424 address growing concerns related to student mental health. The  
2425 goal of the task force shall include, but not be limited to,  
2426 drawing on available data to determine challenges in Mississippi  
2427 as it relates to the mental health of students ranging from K-12  
2428 through the community college and university systems; assessing  
2429 public and private resources currently available to students who  
2430 need help managing mental health issues; assessing training and  
2431 procedures in place for teachers, school district personnel and  
2432 community college and university personnel; and determining where  
2433 gaps exist in training and resources; exploring partnerships  
2434 across communities to better serve students; and examining



2435 successful programs in Mississippi and across the nation. The  
2436 task force shall develop recommendations to the Legislature on  
2437 changes to policy and laws in Mississippi with a goal of better  
2438 identifying students at all levels struggling with mental health  
2439 issues; training school, community college and university  
2440 personnel related to student mental health, and thus improving  
2441 health outcomes and the probability of student success.

2442 (2) The members of the task force shall be as follows:

2443 (a) The Chairmen of the Education Committees of the  
2444 Mississippi Senate and the Mississippi House of Representatives,  
2445 or their designees from their respective committee membership;

2446 (b) The Chairmen of the Medicaid Committees of the  
2447 Mississippi Senate and the Mississippi House of Representatives,  
2448 or their designees from their respective committee membership;

2449 (c) The Chairmen of the Universities and Colleges  
2450 Committees of the Mississippi Senate and the Mississippi House of  
2451 Representatives, or their designees from their respective  
2452 committee membership;

2453 (d) The Superintendent of the Mississippi Department of  
2454 Education, or his or her designee;

2455 (e) The Executive Director of the Mississippi  
2456 Department of Mental Health, or his or her designee;

2457 (f) The Director of the Mississippi Division of  
2458 Medicaid, or his or her designee;



2459                   (g) The State Health Officer of the Mississippi  
2460 Department of Health, or his or her designee;  
2461                   (h) One (1) psychiatrist with expertise in treating  
2462 children to be appointed by the Governor;  
2463                   (i) One (1) clinical psychologist with expertise in  
2464 treating children appointed by the Lieutenant Governor;  
2465                   (j) One (1) school psychologist employed or contracted  
2466 by a Mississippi Public School District, to be named by the  
2467 Mississippi Association of Psychologists in the Schools;  
2468                   (k) One (1) public school teacher appointed by the  
2469 Governor;  
2470                   (l) One (1) employee of a university counseling center,  
2471 or a person otherwise responsible for coordinating or providing  
2472 student mental health services on campus, appointed by the  
2473 Governor;  
2474                   (m) One (1) public school counselor appointed by the  
2475 Lieutenant Governor;  
2476                   (n) One (1) employee of a community college counseling  
2477 center, or a person responsible for coordinating or providing  
2478 student mental health services on campus, appointed by the  
2479 Lieutenant Governor;  
2480                   (o) One (1) school nurse employed in a Mississippi  
2481 public school to be appointed by the Superintendent of Education;





2482                   (p) One (1) employee of a non-profit provider of mental  
2483 and behavioral health services to youth, appointed by the  
2484 Lieutenant Governor;

2485                   (q) One (1) employee of a community mental health  
2486 provider that provides services to a Mississippi public  
2487 school \* \* \*, appointed by the Governor;

2488                   (r) One (1) member of the Mississippi Youth Council,  
2489 selected by the members of the council;

2490                   (s) One (1) family advocacy representative to be  
2491 appointed by the Executive Director of the Mississippi Coalition  
2492 for Citizens with Disabilities; and

2493                   (t) The Chairmen of the Public Health Committees of the  
2494 Mississippi Senate and the Mississippi House of Representatives,  
2495 or their designees from their respective committee membership.

2496           (3) The task force shall meet within forty-five (45) days of  
2497 the effective date of this act and shall evaluate the current  
2498 data, resources, and laws and policies of the State of  
2499 Mississippi. Specifically, the task force shall:

2500                   (a) Collect and analyze publicly available data and  
2501 statistics related to the current state of student mental health,  
2502 K-12 through the community college and university level;

2503                   (b) Explore the impact of trauma and mental health  
2504 issues on student behavior, dropout and graduation rates, academic  
2505 achievement, employment and related issues;



2506 (c) Evaluate currently available resources for  
2507 addressing student mental health including, but not limited to,  
2508 partnerships with nonprofits or experts, telehealth opportunities,  
2509 inpatient and outpatient resources;

2510 (d) Review mental health training and professional  
2511 development provided to K-12 school personnel and school personnel  
2512 at community colleges and universities for classroom management,  
2513 identification, referral, intervention and prevention;

2514 (e) Evaluate successful strategies for addressing  
2515 challenges in student mental health in Mississippi and across the  
2516 nation;

2517 (f) Review the current workforce landscapes as it  
2518 relates to psychologists, nurses, counselors, behavior  
2519 interventionists and others who work in schools, community  
2520 colleges and universities, and consider strategies to recruit  
2521 sufficient personnel if there are workforce strategies;

2522 (g) Explore the effect of a multi-tiered wellness  
2523 program that is conducive to growth, achievement, cultivating  
2524 resilience, motivation and culturally sensitive personal  
2525 development; and

2526 (h) Review any other matters related to the above  
2527 issues or student mental health in Mississippi.

2528 (4) The task force may request the assistance of the  
2529 Mississippi Department of Education, Mississippi Community College



2530 Board, Mississippi Institutions of Higher Learning, Mississippi  
2531 Department of Health, the Mississippi Department of Mental Health,  
2532 the University of Mississippi School of Medicine; the Mississippi  
2533 Division of Medicaid or any other related agency, entity or  
2534 organization with expertise in student mental health issues and  
2535 services.

2536 (5) The Chairmen of the Education Committees in the  
2537 Mississippi Senate and Mississippi House of Representatives shall  
2538 call the first meeting. The members of the task force shall elect  
2539 a chair from among the members at its first meeting. The task  
2540 force shall develop and report its findings and recommendations to  
2541 the Mississippi Legislature on or before October 1, 2024, and  
2542 again on or before October 1, 2025. A majority of the membership  
2543 shall be required to approve any final report and recommendation.  
2544 Meetings of the task force shall be held at the State Capitol;  
2545 however, if it is not feasible for the task force to hold an  
2546 in-person meeting, the task force may convene utilizing an online  
2547 meeting platform that is accessible for viewing by the public.

2548 (6) The Joint Legislative Committee on Performance  
2549 Evaluation and Expenditure Review shall provide necessary clerical  
2550 support for the meetings of the task force and the preparation of  
2551 the report.

2552 (7) The task force shall be dissolved upon presentation of  
2553 its report due on or before October 1, 2025.



**SECTION 25.**

(1) This section shall be known and may be cited as the "Mississippi K-12 and Postsecondary Mental Health Act of 2025."

(2) There is hereby established an Executive Committee of the Interagency Coordinating Council for Children and Youth (ICCCY), which shall include the following executive directors or administrators, or their designees, with experience in mental health, student performance or other relevant areas, from the ICCCY as provided in Section 43-14-1:

(a) The State Superintendent of Public Education;

(b) The Commissioner of the State Institutions of Higher Learning;

(c) The Executive Director of the Mississippi Community College Board;

(d) The Executive Director of the Mississippi Department of Mental Health; and

(e) An employee of the Mississippi Department of Health, appointed by the State Health Officer, with relevant mental health experience.

(3) The ICCCY Executive Committee shall have the following coordinating responsibilities related to the general mental health and well-being of children and adolescents:

(a) Evaluating relevant personnel, including, but not limited to, school nurses, counselors and school psychologists, and examining the school's or district's relationship with its



2579 community mental health center or other private providers to  
2580 recommend best practices for mental health resources and  
2581 infrastructure for underperforming public schools or districts, as  
2582 identified by the State Superintendent of Public Education;

2583           (b) Identifying key public school and district  
2584 personnel and community college and university personnel,  
2585 including, but not limited to, teachers, healthcare providers,  
2586 counselors and resident assistants, to receive mental health first  
2587 aid training that is evidence-based and approved by the Department  
2588 of Mental Health;

2589           (c) Identifying and developing age-appropriate  
2590 information and materials to distribute information regarding  
2591 mental health and well-being at student orientations at public  
2592 schools, universities and community colleges, or assemblies for  
2593 parents and caretakers of students and other relevant members of  
2594 the community who may interact with students;

2595           (d) Developing guidance for public schools and  
2596 districts, universities and community colleges regarding  
2597 age-appropriate mental health screening resources and other  
2598 information for students, including 988 suicide and crisis hotline  
2599 information;

2600           (e) Developing guidelines to help public schools and  
2601 districts, universities and community colleges partner with  
2602 community mental health centers, including crisis intervention  
2603 teams, or private providers to provide services to students;



2604           (f) Compiling a master report by October 1, 2025, of  
2605 all partially or fully state-funded programs related to improving  
2606 the mental health and well-being of children and adolescents. The  
2607 ICCCY Executive Committee, working together with other relevant  
2608 agencies and organizations, shall be responsible for updating the  
2609 report annually by October 1 of each year. The report shall be  
2610 transmitted to the Lieutenant Governor, the Speaker of the House,  
2611 the Chair of the Senate Public Health and Welfare Committee, the  
2612 Chair of the House Public Health and Human Services Committee, the  
2613 Chair of the Senate Appropriations Committee, and the Chair of the  
2614 House Appropriations "A" Committee by November 1 each year;

2615           (g) Developing an internet-based mental health resource  
2616 guide for public schools by August 1, 2025. Beginning in the  
2617 2025-2026 school year, public school districts shall include a  
2618 visible mental health resource navigation link on the home page of  
2619 their website to include the resource guide developed by the ICCCY  
2620 Executive Committee; and

2621           (h) Engaging in other coordinated efforts from time to  
2622 time in an effort to update resources and information related to  
2623 mental health and well-being for students at public schools,  
2624 universities and community colleges.

2625           (4) (a) All recommendations and information compiled by the  
2626 executive committee shall be provided to the State Board of  
2627 Education, State Institutions of Higher Learning and Mississippi  
2628 Community College Board, as appropriate, which shall disseminate



such information to relevant employees in public school districts, universities and community colleges.

(b) All recommendations and information compiled by the executive committee shall also be provided to the ICCCY, Mississippi State Early Childhood Advisory Council, and any other agency, board, commission or council created by statute which the ICCCY Executive Committee identifies as relevant.

**SECTION 26.** Section 43-14-1, Mississippi Code of 1972, is amended as follows:

43-14-1. (1) The purpose of this chapter is to provide for the development, implementation and oversight of a coordinated interagency system of necessary services and care for children and youth, called the Mississippi Statewide System of Care, up to age twenty-one (21) with serious emotional/behavioral disorders including, but not limited to, conduct disorders, or mental illness who require services from a multiple services and multiple programs system, and who can be successfully diverted from inappropriate institutional placement. The Mississippi Statewide System of Care is to be conducted in the most fiscally responsible (cost-efficient) manner possible, based on an individualized plan of care which takes into account other available interagency programs, including, but not limited to, Early Intervention Act of Infants and Toddlers, Section 41-87-1 et seq., Early Periodic Screening Diagnosis and Treatment, Section 43-13-117(A) (5), waived program for home- and community-based services for



2654 developmentally disabled people, Section 43-13-117(A)(29), and  
2655 waived program for targeted case management services for  
2656 children with special needs, Section 43-13-117(A)(31), those  
2657 children identified through the federal Individuals with  
2658 Disabilities Education Act of 1997 as having a serious emotional  
2659 disorder (EMD), the Mississippi Children's Health Insurance  
2660 Program and waived programs for children with serious emotional  
2661 disturbances, Section 43-13-117(A)(46), and is tied to clinically  
2662 and functionally appropriate outcomes. Some of the outcomes are  
2663 to reduce the number of inappropriate out-of-home placements  
2664 inclusive of those out-of-state and to reduce the number of  
2665 inappropriate school suspensions and expulsions for this  
2666 population of children. This coordinated interagency system of  
2667 necessary services and care shall be named the Mississippi  
2668 Statewide System of Care. Children to be served by this chapter  
2669 who are eligible for Medicaid shall be screened through the  
2670 Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT)  
2671 and their needs for medically necessary services shall be  
2672 certified through the EPSDT process. For purposes of this  
2673 chapter, the Mississippi Statewide System of Care is defined as a  
2674 coordinated network of agencies and providers working as a team to  
2675 make a full range of mental health and other necessary services  
2676 available as needed by children with mental health problems and  
2677 their families. The Mississippi Statewide System of Care shall  
2678 be:





2679                   (a) Child centered, family focused, family driven and  
2680 youth guided;  
2681                   (b) Community based;  
2682                   (c) Culturally competent and responsive; and shall  
2683 provide for:  
2684                   (i) Service coordination or case management;  
2685                   (ii) Prevention and early identification and  
2686 intervention;  
2687                   (iii) Smooth transitions among agencies and  
2688 providers, and to the transition-age and adult service systems;  
2689                   (iv) Human rights protection and advocacy;  
2690                   (v) Nondiscrimination in access to services;  
2691                   (vi) A comprehensive array of services composed of  
2692 treatment and informal supports that are identified as best  
2693 practices and/or evidence-based practices;  
2694                   (vii) Individualized service planning that uses a  
2695 strengths-based, wraparound process;  
2696                   (viii) Services in the least restrictive  
2697 environment;  
2698                   (ix) Family participation in all aspects of  
2699 planning, service delivery and evaluation; and  
2700                   (x) Integrated services with coordinated planning  
2701 across child-serving agencies.

2702           Mississippi Statewide System of Care services shall be  
2703 timely, intensive, coordinated and delivered in the community.



2704 Mississippi Statewide System of Care services shall include, but  
2705 not be limited to, the following:

- 2706 (a) Comprehensive crisis and emergency response  
2707 services;
- 2708 (b) Intensive case management;
- 2709 (c) Day treatment;
- 2710 (d) Alcohol and drug abuse group services for youth;
- 2711 (e) Individual, group and family therapy;
- 2712 (f) Respite services;
- 2713 (g) Supported employment services for youth;
- 2714 (h) Family education and support and family partners;
- 2715 (i) Youth development and support and youth partners;
- 2716 (j) Positive behavioral supports (PBIS) in schools;
- 2717 (k) Transition-age supported and independent living  
2718 services; and
- 2719 (l) Vocational/technical education services for youth.

2720 (2) There is established the Interagency Coordinating  
2721 Council for Children and Youth (hereinafter referred to as the  
2722 "ICCCY"). The ICCCY shall consist of the following membership:

- 2723 (a) The State Superintendent of Public Education;
- 2724 (b) The Executive Director of the Mississippi  
2725 Department of Mental Health;
- 2726 (c) The Executive Director of the State Department of  
2727 Health;



2728                   (d)   The Executive Director of the Department of Human  
2729   Services;  
2730                   (e)   The Executive Director of the Division of Medicaid,  
2731   Office of the Governor;  
2732                   (f)   The Executive Director of the State Department of  
2733   Rehabilitation Services;  
2734                   (g)   The Executive Director of Mississippi Families as  
2735   Allies for Children's Mental Health, Inc.;  
2736                   (h)   The Commissioner of Child Protection Services;  
2737                   (i)   The Attorney General;  
2738                   (j)   A family member of a child or youth in the  
2739   population named in this chapter designated by Mississippi  
2740   Families as Allies;  
2741                   (k)   A youth or young adult in the population named in  
2742   this chapter designated by Mississippi Families as Allies;  
2743                   (l)   A local MAP team coordinator designated by the  
2744   Department of Mental Health;  
2745                   (m)   A child psychiatrist experienced in the public  
2746   mental health system designated by the Mississippi Psychiatric  
2747   Association;  
2748                   (n)   An individual with expertise and experience in  
2749   early childhood education designated jointly by the Department of  
2750   Mental Health and Mississippi Families as Allies;



2751           (o) A representative of an organization that advocates  
2752 on behalf of disabled citizens in Mississippi designated by the  
2753 Department of Mental Health; \* \* \*

2754           (p) A faculty member or dean from a Mississippi  
2755 university specializing in training professionals who work in the  
2756 Mississippi Statewide System of Care designated by the Board of  
2757 Trustees of State Institutions of Higher Learning \* \* \*;

2758           (q) The Commissioner of the State Institutions of  
2759 Higher Learning;

2760           (r) The Executive Director of the Mississippi Community  
2761 College Board; and

2762           (s) An employee of the Mississippi Department of  
2763 Health, appointed by the State Health Officer, with relevant  
2764 mental health experience.

2765           If a member of the council designates a representative to  
2766 attend council meetings, the designee shall bring full  
2767 decision-making authority of the member to the meeting. The  
2768 council shall select a chairman, who shall serve for a one-year  
2769 term and may not serve consecutive terms. The council shall adopt  
2770 internal organizational procedures necessary for efficient  
2771 operation of the council. Each member of the council shall  
2772 designate necessary staff of their departments to assist the ICCCY  
2773 in performing its duties and responsibilities. The ICCCY shall  
2774 meet and conduct business at least twice annually. The chairman  
2775 of the ICCCY shall notify all ICCCY members and all other persons



2776 who request such notice as to the date, time, place and draft  
2777 agenda items for each meeting.

2778       (3) The Interagency System of Care Council (ISCC) is created  
2779 to serve as the state management team for the ICCCY, with the  
2780 responsibility of collecting and analyzing data and funding  
2781 strategies necessary to improve the operation of the Mississippi  
2782 Statewide System of Care, and to make recommendations to the ICCCY  
2783 and to the Legislature concerning such strategies on, at a  
2784 minimum, an annual basis. The System of Care Council also has the  
2785 responsibility of coordinating the local Multidisciplinary  
2786 Assessment and Planning (MAP) teams and "A" teams and may apply  
2787 for grants from public and private sources necessary to carry out  
2788 its responsibilities. The Interagency System of Care Council  
2789 shall be comprised of one (1) member from each of the appropriate  
2790 child-serving divisions or sections of the State Department of  
2791 Health, the Department of Human Services (Division of Youth  
2792 Services), the Department of Child Protection Services, the State  
2793 Department of Mental Health (Division of Children and Youth,  
2794 Bureau of Alcohol and Drug Abuse, and Bureau of Intellectual and  
2795 Developmental Disabilities), the State Department of Education  
2796 (Office of Special Education and Office of Healthy Schools), the  
2797 Division of Medicaid of the Governor's Office, the Department of  
2798 Rehabilitation Services, and the Attorney General's office.  
2799 Additional members shall include a family member of a child, youth  
2800 or transition-age youth representing a family education and



2801 support 501(c)(3) organization, working with the population named  
2802 in this chapter designated by Mississippi Families as Allies, an  
2803 individual with expertise and experience in early childhood  
2804 education designated jointly by the Department of Mental Health  
2805 and Mississippi Families as Allies, a local MAP team  
2806 representative and a local "A" team representative designated by  
2807 the Department of Mental Health, a probation officer designated by  
2808 the Department of Corrections, a family member and youth or young  
2809 adult designated by Mississippi Families as Allies for Children's  
2810 Mental Health, Inc., (MSFAA), and a family member other than a  
2811 MSFAA representative to be designated by the Department of Mental  
2812 Health and the Director of the Compulsory School Attendance  
2813 Enforcement of the State Department of Education. Appointments to  
2814 the Interagency System of Care Council shall be made within sixty  
2815 (60) days after June 30, 2010. The council shall organize by  
2816 selecting a chairman from its membership to serve on an annual  
2817 basis, and the chairman may not serve consecutive terms.

2818 (4) (a) As part of the Mississippi Statewide System of  
2819 Care, there is established a statewide system of local  
2820 Multidisciplinary Assessment, Planning and Resource (MAP) teams.  
2821 The MAP teams shall be comprised of one (1) representative each at  
2822 the county level from the major child-serving public agencies for  
2823 education, human services, health, mental health and  
2824 rehabilitative services approved by respective state agencies of  
2825 the Department of Education, the Department of Human Services, the



2826 Department of Child Protection Services, the Department of Health,  
2827 the Department of Mental Health and the Department of  
2828 Rehabilitation Services. These agencies shall, by policy,  
2829 contract or regulation require participation on MAP teams and "A"  
2830 teams at the county level by the appropriate staff. Three (3)  
2831 additional members may be added to each team, one (1) of which may  
2832 be a representative of a family education/support 501(c)(3)  
2833 organization with statewide recognition and specifically  
2834 established for the population of children defined in Section  
2835 43-14-1. The remaining members will be representatives of  
2836 significant community-level stakeholders with resources that can  
2837 benefit the population of children defined in Section 43-14-1.  
2838 The Department of Education shall assist in recruiting and  
2839 identifying parents to participate on MAP teams and "A" teams.

2840 (b) For each local existing MAP team that is  
2841 established pursuant to paragraph (a) of this subsection, there  
2842 shall also be established an "A" (Adolescent) team which shall  
2843 work with a MAP team. The "A" teams shall provide System of Care  
2844 services for youthful offenders who have serious behavioral or  
2845 emotional disorders. Each "A" team shall be comprised of, at a  
2846 minimum, the following five (5) members:

- 2847 (i) A school counselor, mental health therapist or  
2848 social worker;  
2849 (ii) A community mental health professional;



2850                   (iii) A social services/child welfare  
2851 professional;  
2852                   (iv) A youth court counselor; and  
2853                   (v) A parent who had a child in the juvenile  
2854 justice system.

2855           (c) The Interagency Coordinating Council for Children  
2856 and Youth and the Interagency System of Care Council shall work to  
2857 develop MAP teams statewide that will serve to become the single  
2858 point of entry for children and youth about to be placed in  
2859 out-of-home care for reasons other than parental abuse/neglect.

2860           (5) The Interagency Coordinating Council for Children and  
2861 Youth may provide input to one another and to the ISCC relative to  
2862 how each agency utilizes its federal and state statutes, policy  
2863 requirements and funding streams to identify and/or serve children  
2864 and youth in the population defined in this section. The ICCCY  
2865 shall support the implementation of the plans of the respective  
2866 state agencies for comprehensive, community-based,  
2867 multidisciplinary care, treatment and placement of these children.

2868           (6) The ICCCY shall oversee a pool of state funds that may  
2869 be contributed by each participating state agency and additional  
2870 funds from the Mississippi Tobacco Health Care Expenditure Fund,  
2871 subject to specific appropriation therefor by the Legislature.  
2872 Part of this pool of funds shall be available for increasing the  
2873 present funding levels by matching Medicaid funds in order to





2874 increase the existing resources available for necessary  
2875 community-based services for Medicaid beneficiaries.

2876 (7) The local interagency coordinating care MAP team or "A"  
2877 team will facilitate the development of the individualized System  
2878 of Care programs for the population targeted in this section.

2879 (8) Each local MAP team and "A" team shall serve as the  
2880 single point of entry and re-entry to ensure that comprehensive  
2881 diagnosis and assessment occur and shall coordinate needed  
2882 services through the local MAP team and "A" team members and local  
2883 service providers for the children named in subsection (1). Local  
2884 children in crisis shall have first priority for access to the MAP  
2885 team and "A" team processes and local System of Care services.

2886 (9) The Interagency Coordinating Council for Children and  
2887 Youth shall facilitate monitoring of the performance of local MAP  
2888 teams.

2889 (10) Each ICCCY member named in subsection (2) of this  
2890 section shall enter into a binding memorandum of understanding to  
2891 participate in the further development and oversight of the  
2892 Mississippi Statewide System of Care for the children and youth  
2893 described in this section. The agreement shall outline the system  
2894 responsibilities in all operational areas, including ensuring  
2895 representation on MAP teams, funding, data collection, referral of  
2896 children to MAP teams and "A" teams, and training. The agreement  
2897 shall be signed and in effect by July 1 of each year.



**SECTION 27.** Section 43-14-3, Mississippi Code of 1972, is brought forward as follows:

43-14-3. In addition to the specific authority provided in Section 43-14-1, the powers and responsibilities of the Interagency Coordinating Council for Children and Youth shall be as follows:

(a) To serve in an advisory capacity and to provide state level leadership and oversight to the development of the Mississippi Statewide System of Care; and

(b) To insure the creation and availability of an annual pool of funds from each participating agency member of the ICCCY that includes the amount to be contributed by each agency and a process for utilization of those funds.

**SECTION 28.** Section 43-14-5, Mississippi Code of 1972, is brought forward as follows:

43-14-5. There is created in the State Treasury a special fund into which shall be deposited all funds contributed by the Department of Human Services, Department of Child Protection Services, State Department of Health, Department of Mental Health and State Department of Rehabilitation Services insofar as recipients are otherwise eligible under the Rehabilitation Act of 1973, as amended, and State Department of Education for the operation of a statewide System of Care by MAP teams and "A" teams utilizing such funds as may be made available to those MAP teams through a Request for Proposal (RFP) approved by the ICCCY.



2923           **SECTION 29.** Section 25 of this act shall be codified in  
2924 Chapter 14, Title 43, Mississippi Code of 1972.

2925           **SECTION 30.** The following shall be codified as Section  
2926 5-3-70, Mississippi Code of 1972:

2927           5-3-70. (1) (a) As an alternative to a criminal proceeding  
2928 as provided in Section 53-3-59, in any instance wherein a witness  
2929 fails to respond to the lawful subpoena of the PEER Committee at  
2930 any time or, having responded, fails to answer all lawful  
2931 inquiries or to turn over evidence that has been subpoenaed, the  
2932 committee may seek judicial enforcement of the process as provided  
2933 in paragraph (b) of this subsection.

2934           (b) The chairman, in the name of the committee, may  
2935 file a complaint before any chancery court of the state setting up  
2936 such failure on the part of the witness. On the filing of such a  
2937 complaint, the court shall take jurisdiction of the witness and  
2938 the subject matter of the complaint and shall direct the witness  
2939 to respond to all lawful questions and to produce all documentary  
2940 evidence in the possession of the witness that is lawfully  
2941 demanded. The failure of a witness to comply with the order of  
2942 the court constitutes contempt of court and the court shall punish  
2943 the witness as provided in Section 9-1-17.

2944           (c) The PEER Committee may utilize the Office of the  
2945 Attorney General to bring a civil enforcement action or may  
2946 utilize contract counsel to commence an enforcement action  
2947 authorized in this subsection.



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

**SECTION 31.** 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 or she shall be guilty of contempt of the \* \* \* committee, and shall 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.



2972 (b) To administer oaths to witnesses appearing before  
2973 the committee when, by a majority vote, the committee deems the  
2974 administration of an oath necessary and advisable as provided by  
2975 law.

2976 (c) To determine that a witness has perjured himself or  
2977 herself by testifying falsely before the committee, and to  
2978 institute penal proceedings as provided by law.

2979 (2) (a) Whenever facts alleged to constitute contempt under  
2980 subsection (1)(a) of this section arise, the chairman of the  
2981 committee shall certify a statement to this effect to the Attorney  
2982 General or to the appropriate county prosecuting attorney who  
2983 shall institute and prosecute a criminal proceeding against the  
2984 accused for contempt under the provisions of this section.

2985 (b) Any offense defined in subsection (1)(a) of this  
2986 section shall be deemed to have been committed in any of the  
2987 following counties, and the trial for the offense may take place  
2988 in any of such counties:

2989 (i) In the county where the subpoena was issued;  
2990 (ii) In the county where the offender was served  
2991 with the subpoena; or

2992 (iii) In the county where the subpoena ordered the  
2993 offender to give testimony or to produce papers or other evidence.

2994 **SECTION 32.** Section 5-1-23, Mississippi Code of 1972, is  
2995 amended as follows:



2996           5-1-23. (1) If any witness neglects or refuses to obey a  
2997 subpoena, or, appearing, refuses to testify, the senate or house  
2998 may, by a resolution entered on its journal, commit him or her for  
2999 contempt, the commitment not to extend beyond the final  
3000 adjournment of the session; and any witness neglecting and  
3001 refusing to attend in obedience to a subpoena may be arrested by  
3002 the sergeant-at-arms and brought before the senate or house; and a  
3003 copy of the resolution of the senate or house, signed by the  
3004 presiding officer thereof, and attested by the secretary or clerk,  
3005 shall be sufficient authority to authorize such arrest.

3006           (2) The provisions of this section shall not apply to any  
3007 subpoena or other process issued by the Joint Legislative  
3008 Committee on Performance Evaluation and Expenditure Review (PEER)  
3009 as provided for in Sections 1 and 2 of this act.

3010           **SECTION 33.** Section 5-1-25, Mississippi Code of 1972, is  
3011 amended as follows:

3012           5-1-25. (1) A person sworn and examined as a witness before  
3013 either house, without procurement or contrivance, on his or her  
3014 part, shall not be held to answer criminally, or be subject to any  
3015 penalty or forfeiture for any fact or act touching which he or she  
3016 is required to testify; nor shall any statement made, or book,  
3017 document, or paper produced by any such witness be competent  
3018 evidence in any criminal proceeding against such witness other  
3019 than for perjury in delivering his or her evidence; nor shall such  
3020 witness refuse to testify to any fact or to produce any book,



document, or paper touching which he or she is examined, on the ground that he or she thereby will criminate himself or herself, or that it will tend to disgrace him or her or render him or her 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. The committee may, by a majority vote of the members of both houses, offer a person or persons such immunity.

**SECTION 34.** 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 or she 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 or she 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, serve any committee process provided for by this act.



3046           **SECTION 35.** Section 29-13-1, Mississippi Code of 1972, is  
3047 amended as follows:

3048           29-13-1. (1) The Department of Finance and Administration  
3049 ("department") shall purchase and maintain business property  
3050 insurance and business personal property insurance, or allow for  
3051 the establishment of a self-insurance fund or self-insurance  
3052 reserves, or any combination thereof, on all state-owned buildings  
3053 and/or contents as required by federal law and regulations of the  
3054 Federal Emergency Management Agency (FEMA) as is necessary for  
3055 receiving public assistance or reimbursement for repair,  
3056 reconstruction, replacement or other damage to those buildings  
3057 and/or contents caused by the Hurricane Katrina Disaster of 2005  
3058 or subsequent disasters. The department is authorized to expend  
3059 funds from any available source for the purpose of obtaining and  
3060 maintaining that property insurance. No funds shall be expended  
3061 for the establishment of any such self-insurance program until  
3062 such time the Mississippi Self-Insurance Task Force has completed  
3063 a report and the report reflects a cost benefit to the State of  
3064 Mississippi. The administration and service of any such  
3065 self-insurance program may be contracted to a third party and  
3066 approved by the Commissioner of Insurance. The department is  
3067 authorized to enter into agreements with other state agencies,  
3068 local school districts, community/junior college districts, state  
3069 institutions of higher learning and community hospitals to pool  
3070 their liabilities to participate in a group business property





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

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



3096 in conjunction with the National Flood Insurance Program. The  
3097 department shall enforce the floodplain management criteria and  
3098 procedures adopted by the department pursuant to this section.

3099 (3) No state agency shall be authorized to expend any state,  
3100 federal or special funds for the construction, renovation, repair  
3101 or placement of any structure in a designated floodplain, floodway  
3102 or coastal high hazard area, or to allow for the construction,  
3103 renovation, repair or placement of any privately owned structure  
3104 onto state-owned land in a designated floodplain, floodway or  
3105 coastal high hazard area unless such agency has previously  
3106 obtained the necessary permits required by the Department of  
3107 Finance and Administration to comply with the regulations of the  
3108 Federal Emergency Management Agency (FEMA), National Flood  
3109 Insurance Program and the state's floodplain management  
3110 regulations.

3111 **SECTION 36.** (1) There is hereby created the "Mississippi  
3112 Self-Insurance Task Force" to study, report and make  
3113 recommendations on:

3114 (a) The management of state facilities, including  
3115 rental and owned facilities, and building construction for state  
3116 facilities;

3117 (b) The property and liability coverage for state  
3118 facilities, building construction for state facilities, including  
3119 reserves and solvency;



3120                   (c) The financial state of the State Tort Claims Plan,  
3121 including current reserves and solvency;

3122                   (d) A comparison of the State property and liability  
3123 insurance plans and State Tort Claims Plan in other southeastern  
3124 states, including, but not limited to, their governance  
3125 structures, benefits or services offered, solvency, reserves and  
3126 rate structures and increases over time; and

3127                   (e) Any other information or recommendations related  
3128 which may be relevant to achieving the goal of ensuring all state  
3129 facilities and any state liabilities have sufficient levels of  
3130 coverage at the best rates.

3131           (2) The task force shall be composed of the following  
3132 members:

3133                   (a) The Chairs of the Insurance Committees in the  
3134 Mississippi House of Representatives and Mississippi Senate;

3135                   (b) The Chairs of the Public Property Committees in the  
3136 Mississippi House of Representatives and Mississippi Senate;

3137                   (c) The Commissioner of Insurance, or his or her  
3138 designee;

3139                   (d) The Commissioner of Higher Education, or his or her  
3140 designee;

3141                   (e) The Executive Director of the Department of Finance  
3142 and Administration, or his or her designee;

3143                   (f) An actuary appointed by the Governor;



3144                   (g) A reinsurance broker appointed by the Lieutenant  
3145 Governor; and

3146                   (h) A property and casualty insurance agent appointed  
3147 by the Speaker of the House of Representatives.

3148           (3) Appointments shall be made no later than thirty (30)  
3149 days after the effective date of this act. The Chairs of the  
3150 Insurance Committees in the Senate and House of Representatives  
3151 shall convene the members of the task force for an organizational  
3152 meeting within thirty (30) days after the deadline for appointing  
3153 members, at which time the members of the task force shall select  
3154 a chairman and a vice chairman from its membership. The vice  
3155 chairman shall also serve as secretary and be responsible for  
3156 keeping all records of the task force. A majority of the members  
3157 of the task force constitutes a quorum. In the selection of its  
3158 officers and the adoption of rules, resolutions and reports, an  
3159 affirmative vote of a majority of the task force shall be required  
3160 to be recorded in the official minutes of the meeting in which the  
3161 vote occurred. Meetings of the task force shall be held at the  
3162 State Capitol; however, if it is not feasible for the task force  
3163 to hold an in-person meeting, the task force may convene using an  
3164 online meeting platform that is accessible for viewing by the  
3165 public.

3166           (4) The Department of Finance and Administration shall  
3167 provide, using existing resources, administrative and clerical  
3168 support to the task force. The Executive Director of the



3169 Department of Finance and Administration shall designate  
3170 appropriate staff to assist the task force in carrying out its  
3171 duties.

3172 (5) Subject to appropriation, members of the task force who  
3173 are not state employees may be compensated at the per diem rate  
3174 authorized by Section 25-3-69 and reimbursed in accordance with  
3175 Section 25-3-41 for mileage and actual expenses incurred in the  
3176 performance of their duties. However, task force members may not  
3177 incur per diem, travel or other expenses unless previously  
3178 authorized by vote, at a meeting of the task force, which action  
3179 must be recorded in the official minutes of the meeting. Per diem  
3180 and expense payments made pursuant to this subsection may be paid  
3181 from any funds made available to the task force for that purpose.

3182 (6) The task force shall make a report of its findings and  
3183 recommendations, including any recommended legislation, to the  
3184 Lieutenant Governor, Speaker of the House of Representatives and  
3185 the Chairs of the Insurance Committees of the House of  
3186 Representatives and Senate on or before November 1, 2025, at which  
3187 time the task force will be dissolved.

3188 **SECTION 37.** Section 31-11-3, Mississippi Code of 1972, is  
3189 amended as follows:

3190 31-11-3. (1) The Department of Finance and Administration,  
3191 for the purposes of carrying out the provisions of this chapter,  
3192 in addition to all other rights and powers granted by law, shall  
3193 have full power and authority to employ and compensate architects



3194 or other employees necessary for the purpose of making  
3195 inspections, preparing plans and specifications, supervising the  
3196 erection of any buildings, and making any repairs or additions as  
3197 may be determined by the Department of Finance and Administration  
3198 to be necessary, pursuant to the rules and regulations of the  
3199 State Personnel Board. The department shall have entire control  
3200 and supervision of, and determine what, if any, buildings,  
3201 additions, repairs, demolitions or improvements are to be made  
3202 under the provisions of this chapter, subject to the regulations  
3203 adopted by the Public Procurement Review Board.

3204 (2) The department shall have full power to erect buildings,  
3205 make repairs, additions or improvements, demolitions, to grant or  
3206 acquire easements or rights-of-way, and to buy materials, supplies  
3207 and equipment for any of the institutions or departments of the  
3208 state subject to the regulations adopted by the Public Procurement  
3209 Review Board. In addition to other powers conferred, the  
3210 department shall have full power and authority, as directed by the  
3211 Legislature, or when funds have been appropriated for its use for  
3212 these purposes, to:

3213 (a) Build a state office building;

3214 (b) Build suitable plants or buildings for the use and  
3215 housing of any state schools or institutions, including the  
3216 building of plants or buildings for new state schools or  
3217 institutions, as provided for by the Legislature;



3218                   (c)   Provide state aid for the construction of school  
3219 buildings;

3220                   (d)   Promote and develop the training of returned  
3221 veterans of the United States in all sorts of educational and  
3222 vocational learning to be supplied by the proper educational  
3223 institution of the State of Mississippi, and in so doing allocate  
3224 monies appropriated to it for these purposes to the Governor for  
3225 use by him in setting up, maintaining and operating an office and  
3226 employing a state director of on-the-job training for veterans and  
3227 the personnel necessary in carrying out Public Law No. 346 of the  
3228 United States;

3229                   (e)   Build and equip a hospital and administration  
3230 building at the Mississippi State Penitentiary;

3231                   (f)   Build and equip additional buildings and wards at  
3232 the Boswell Retardation Center;

3233                   (g)   Construct a sewage disposal and treatment plant at  
3234 the Mississippi State Hospital, and in so doing acquire additional  
3235 land as may be necessary, and to exercise the right of eminent  
3236 domain in the acquisition of this land;

3237                   (h)   Build and equip the Mississippi central market and  
3238 purchase or acquire by eminent domain, if necessary, any lands  
3239 needed for this purpose;

3240                   (i)   Build and equip suitable facilities for a training  
3241 and employing center for the blind;



3242                   (j) Build and equip a gymnasium at Columbia Training  
3243 School;

3244                   (k) Approve or disapprove the expenditure of any money  
3245 appropriated by the Legislature when authorized by the bill making  
3246 the appropriation;

3247                   (l) Expend monies appropriated to it in paying the  
3248 state's part of the cost of any street paving;

3249                   (m) Sell and convey state lands when authorized by the  
3250 Legislature, cause said lands to be properly surveyed and platted,  
3251 execute all deeds or other legal instruments, and do any and all  
3252 other things required to effectively carry out the purpose and  
3253 intent of the Legislature. Any transaction which involves state  
3254 lands under the provisions of this paragraph shall be done in a  
3255 manner consistent with the provisions of Section 29-1-1;

3256                   (n) Collect and receive from educational institutions  
3257 of the State of Mississippi monies required to be paid by these  
3258 institutions to the state in carrying out any veterans'  
3259 educational programs;

3260                   (o) Purchase lands for building sites, or as additions  
3261 to building sites, for the erection of buildings and other  
3262 facilities which the department is authorized to erect, and  
3263 demolish and dispose of old buildings, when necessary for the  
3264 proper construction of new buildings. Any transaction which  
3265 involves state lands under the provisions of this paragraph shall





3266 be done in a manner consistent with the provisions of Section  
3267 29-1-1;

3268 (p) Obtain business property insurance, or allow for  
3269 the establishment of a self-insurance fund or self-insurance  
3270 reserves, or any combination thereof, with a deductible of not  
3271 less than One Hundred Thousand Dollars (\$100,000.00) on  
3272 state-owned buildings under the management and control of the  
3273 department; \* \* \*

3274 (q) In consultation with and approval by the Chairmen  
3275 of the Public Property Committees of the Senate and the House of  
3276 Representatives, enter into contracts for the purpose of providing  
3277 parking spaces for state employees who work in the Woolfolk  
3278 Building, the Carroll Gartin Justice Building or the Walter  
3279 Sillers Office Building \* \* \*; and

3280 (r) The department is hereby authorized to transfer up  
3281 to One Million Dollars (\$1,000,000.00) of available bond funds to  
3282 each community college requesting to be exempt from department  
3283 control and supervision relating to the repair, renovation and  
3284 improvement of existing facilities owned by the community  
3285 colleges, including utility infrastructure projects; heating and  
3286 air conditioning systems; and the replacement of furniture and  
3287 equipment. The community colleges shall abide by all applicable  
3288 statutes related to the purchase of the repair, renovation and  
3289 improvement of such existing facilities.



3290           (3) The department shall survey state-owned and  
3291 state-utilized buildings to establish an estimate of the costs of  
3292 architectural alterations, pursuant to the Americans With  
3293 Disabilities Act of 1990, 42 USCS, Section 12111 et seq. The  
3294 department shall establish priorities for making the identified  
3295 architectural alterations and shall make known to the Legislative  
3296 Budget Office and to the Legislature the required cost to  
3297 effectuate such alterations. To meet the requirements of this  
3298 section, the department shall use standards of accessibility that  
3299 are at least as stringent as any applicable federal requirements  
3300 and may consider:

3301           (a) Federal minimum guidelines and requirements issued  
3302 by the United States Architectural and Transportation Barriers  
3303 Compliance Board and standards issued by other federal agencies;

3304           (b) The criteria contained in the American Standard  
3305 Specifications for Making Buildings Accessible and Usable by the  
3306 Physically Handicapped and any amendments thereto as approved by  
3307 the American Standards Association, Incorporated (ANSI Standards);

3308           (c) Design manuals;

3309           (d) Applicable federal guidelines;

3310           (e) Current literature in the field;

3311           (f) Applicable safety standards; and

3312           (g) Any applicable environmental impact statements.

3313           (4) The department shall observe the provisions of Section  
3314 31-5-23 in letting contracts and shall use Mississippi products,



3315 including paint, varnish and lacquer which contain as vehicles  
3316 tung oil and either ester gum or modified resin (with rosin as the  
3317 principal base of constituents), and turpentine shall be used as a  
3318 solvent or thinner, where these products are available at a cost  
3319 not to exceed the cost of products grown, produced, prepared, made  
3320 or manufactured outside of the State of Mississippi.

3321 (5) The department shall have authority to accept grants,  
3322 loans or donations from the United States government or from any  
3323 other sources for the purpose of matching funds in carrying out  
3324 the provisions of this chapter.

3325 (6) The department shall build a wheelchair ramp at the War  
3326 Memorial Building which complies with all applicable federal laws,  
3327 regulations and specifications regarding wheelchair ramps.

3328 (7) The department shall review and preapprove all  
3329 architectural or engineering service contracts entered into by any  
3330 state agency, institution, commission, board or authority,  
3331 regardless of the source of funding used to defray the costs of  
3332 the construction or renovation project, for which services are to  
3333 be obtained to ensure compliance with purchasing regulations and  
3334 to confirm that the contracts are procured by a competitive  
3335 qualification-based selection process except where such  
3336 appointment is for an emergency project or for a continuation of a  
3337 previous appointment for a directly related project. The  
3338 provisions of this subsection (7) shall not apply to:



3339           (a) Any architectural or engineering contract fully  
3340 paid for by self-generated funds of any of the state institutions  
3341 of higher learning;

3342           (b) Any architectural or engineering contract that is  
3343 self-administered at a state institution of higher learning as  
3344 provided under Section 27-104-7(2) (b) or 37-101-15(m);

3345           (c) Community college projects that are fully funded  
3346 from local funds or other nonstate sources which are outside the  
3347 Department of Finance and Administration's appropriations or as  
3348 directed by the Legislature;

3349           (d) Any construction or design projects of the State  
3350 Military Department that are fully or partially funded from  
3351 federal funds or other nonstate sources; and

3352           (e) Any project of the State Department of  
3353 Transportation.

3354       (8) (a) The department shall have the authority to obtain  
3355 annually from the state institutions of higher learning, the state  
3356 community colleges and junior colleges, the Department of Mental  
3357 Health, the Department of Corrections and the Department of  
3358 Wildlife, Fisheries and Parks information on all renovation and  
3359 repair expenditures for buildings under their operation and  
3360 control, including duties, responsibilities and costs of any  
3361 architect or engineer hired by any such institutions, and shall  
3362 annually report the same to the Legislative Budget Office, the



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

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

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

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

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

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



3388 addition to all other rights and powers granted by law, to create  
3389 and maintain a list of suspended and debarred contractors and  
3390 subcontractors. Consistent with this authority, the department  
3391 may adopt regulations governing the suspension or debarment of  
3392 contractors and subcontractors, which regulations shall be subject  
3393 to the approval of the Public Procurement Review Board. A  
3394 suspended or debarred contractor or subcontractor shall be  
3395 disqualified from consideration for contracts with the department  
3396 during the suspension or debarment period in accordance with the  
3397 department's regulations.

3398 (11) This section shall not apply to the Mississippi State  
3399 Port Authority.

3400 **SECTION 38.** Section 37-29-67, Mississippi Code of 1972, is  
3401 brought forward as follows:

3402 37-29-67. (1) The duties of the board of trustees shall be  
3403 the general government of the community/junior college and  
3404 directive of the administration thereof. Subject to the  
3405 provisions of Sections 37-29-1 through 37-29-273, the board shall  
3406 have full power to do all things necessary to the successful  
3407 operation of the district and the college or colleges or  
3408 attendance centers located therein to insure educational  
3409 advantages and opportunities to all the enrollees within the  
3410 district.

3411 (2) The board of trustees shall be authorized to designate a  
3412 personnel supervisor or other person employed by the district to



3413 recommend teachers and to transmit such recommendations to the  
3414 board of trustees; however, this authorization shall be restricted  
3415 to no more than two (2) positions for each employment period in  
3416 the district.

3417       (3) The delineation and enumeration of the powers and  
3418 purposes set out in Sections 37-29-1 through 37-29-273 shall be  
3419 deemed to be supplemental and additional, and shall not be  
3420 construed to restrict the powers of the board of trustees of the  
3421 district or of any college located therein so as to deny to the  
3422 said district and the college or colleges therein the rights,  
3423 privileges and powers previously authorized by statute.

3424       (4) The board of trustees shall have the power to enter into  
3425 an energy performance contract, energy services contract, a  
3426 shared-savings, lease or lease-purchase basis, for energy  
3427 efficiency services and/or equipment as prescribed in Section  
3428 31-7-14.

3429       (5) The board of trustees shall be authorized, with the  
3430 approval of the Mississippi Community College Board, to change the  
3431 name of the junior college to community college. The Mississippi  
3432 Community College Board shall establish guidelines for the  
3433 implementation of any junior college name change. Any reference  
3434 to junior college district in this chapter shall hereinafter refer  
3435 to the junior college district or its successor in name as changed  
3436 by the board of trustees.



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

**SECTION 39.** Section 41-73-31, Mississippi Code of 1972, is brought forward as follows:

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





3462 to be operated by participating hospital institutions. In this  
3463 regard, the authority shall be authorized to exercise the  
3464 following powers:

3465 (1) To establish eligibility standards for participating  
3466 hospital institutions;

3467 (2) To enter into an agreement with any entity securing the  
3468 payment of bonds pursuant to Section 41-73-27(j) or (k)  
3469 authorizing said entity to approve the participating hospital  
3470 institutions that can finance or refinance hospital equipment or  
3471 hospital facilities with proceeds from the bond issue secured by  
3472 said entity;

3473 (3) To lease to a participating hospital institution  
3474 specific hospital facilities or items of hospital equipment upon  
3475 such terms and conditions as the authority may deem proper, to  
3476 charge and collect rents therefor, to terminate any such lease  
3477 upon the failure of the lessee to comply with any of its  
3478 obligations thereunder or otherwise as such lease may provide, to  
3479 include in any such lease provisions that the lessee shall have  
3480 the option to renew the term of the lease for such period or  
3481 periods and at such rents as may be determined by the authority or  
3482 to purchase any or all of the hospital facilities or hospital  
3483 equipment to which such lease shall apply;

3484 (4) To loan to a participating hospital institution under an  
3485 installment purchase contract or loan agreement monies to finance  
3486 or refinance the cost of specific items of hospital facilities or



3487 hospital equipment and to take back a secured or unsecured  
3488 promissory note evidencing such loan and a mortgage or security  
3489 interest in the hospital facilities or hospital equipment financed  
3490 or refinanced with such loan, upon such terms and conditions as  
3491 the authority may deem proper;

3492 (5) To sell or otherwise dispose of any or all unneeded or  
3493 obsolete hospital facilities or hospital equipment under terms and  
3494 conditions as determined by the authority;

3495 (6) To maintain, repair, replace and otherwise improve or  
3496 cause to be maintained, repaired, replaced and otherwise improved  
3497 any hospital facilities or hospital equipment owned by the  
3498 authority;

3499 (7) To obtain or aid in obtaining property insurance on all  
3500 hospital facilities or hospital equipment owned or financed by the  
3501 authority and to enter into any agreement, contract or other  
3502 instrument with respect to any such insurance to accept payment in  
3503 the event of damage to or destruction of any hospital equipment;

3504 (8) To enter into any agreement, contract or other  
3505 instrument with respect to any insurance or guarantee or letter of  
3506 credit, accepting payment in such manner and form as provided  
3507 therein in the event of default by a participating hospital  
3508 institution, and to assign any such insurance or guarantee or  
3509 letter of credit as security for bonds issued by the authority;  
3510 and



3511           (9) To purchase and maintain business property insurance and  
3512 business personal property insurance on all hospital-owned  
3513 buildings and/or contents as required by federal law and  
3514 regulations of the Federal Emergency Management Agency (FEMA) as  
3515 is necessary for receiving public assistance or reimbursement for  
3516 repair, reconstruction, replacement or other damage to those  
3517 buildings and/or contents caused by the Hurricane Katrina Disaster  
3518 of 2005 or subsequent disasters. The authority is authorized to  
3519 expend funds from any available source for the purpose of  
3520 obtaining and maintaining that property insurance. The authority  
3521 is authorized to enter into agreements with the Department of  
3522 Finance and Administration, local school districts,  
3523 community/junior college districts, state institutions of higher  
3524 learning, other community hospitals and/or other state agencies to  
3525 pool their liabilities to participate in a group business property  
3526 and/or business personal property insurance program, subject to  
3527 uniform rules and regulations as may be adopted by the Department  
3528 of Finance and Administration.

3529           **SECTION 40.** Section 37-7-303, Mississippi Code of 1972, is  
3530 brought forward as follows:

3531           37-7-303. (1) The school board of any school district may  
3532 insure motor vehicles for any hazard that the board may choose,  
3533 and shall insure the school buildings, equipment and other school  
3534 property of the district against any and all hazards that the  
3535 board may deem necessary to provide insurance against. In



3536 addition, the local school board of any school district shall  
3537 purchase and maintain business property insurance and business  
3538 personal property insurance on all school district-owned buildings  
3539 and/or contents as required by federal law and regulations of the  
3540 Federal Emergency Management Agency (FEMA) as is necessary for  
3541 receiving public assistance or reimbursement for repair,  
3542 reconstruction, replacement or other damage to those buildings  
3543 and/or contents caused by the Hurricane Katrina Disaster of 2005  
3544 or subsequent disasters. The school district is authorized to  
3545 expend funds from any available source for the purpose of  
3546 obtaining and maintaining that property insurance. The school  
3547 district is authorized to enter into agreements with the  
3548 Department of Finance and Administration, other local school  
3549 districts, community or junior college districts, state  
3550 institutions of higher learning, community hospitals and/or other  
3551 state agencies to pool their liabilities to participate in a group  
3552 business property and/or business personal property insurance  
3553 program, subject to uniform rules and regulations as may be  
3554 adopted by the Department of Finance and Administration. Such  
3555 school board shall be authorized to contract for such insurance  
3556 for a term of not exceeding five (5) years and to obligate the  
3557 district for the payment of the premiums thereon. When necessary,  
3558 the school board is authorized and empowered, in its discretion,  
3559 to borrow money payable in annual installments for a period of not  
3560 exceeding five (5) years at a rate of interest not exceeding eight



3561 percent (8%) per annum to provide funds to pay such insurance  
3562 premiums. The money so borrowed and the interest thereon shall be  
3563 payable from any school funds of the district other than the total  
3564 funding formula funds provided for in Sections 37-151-200 through  
3565 37-151-215. The school boards of school districts are further  
3566 authorized and empowered, in all cases where same may be  
3567 necessary, to bring and maintain suits and other actions in any  
3568 court of competent jurisdiction for the purpose of collecting the  
3569 proceeds of insurance policies issued upon the property of such  
3570 school district.

3571 (2) Two (2) or more school districts, together with other  
3572 educational entities or agencies, may agree to pool their  
3573 liabilities to participate in a group workers' compensation  
3574 program. The governing authorities of any school board or other  
3575 educational entity or agency may authorize the organization and  
3576 operation of, or the participation in such a group self-insurance  
3577 program with other school boards and educational entities or  
3578 agencies, subject to the requirements of Section 71-3-5. The  
3579 Workers' Compensation Commission shall approve such group  
3580 self-insurance programs subject to uniform rules and regulations  
3581 as may be adopted by the commission applicable to all groups.

3582 (3) The governing board of any county, municipality,  
3583 municipal separate school district, other school district or  
3584 community/junior college district, and the governing board or head  
3585 of any other political subdivision or entity may negotiate for,



3586 secure and pool their risks under this section and may provide for  
3587 the purchase of any one or more policies of property insurance, or  
3588 the establishment of a self-insurance fund or self-insurance  
3589 reserves, or any combination thereof. The governing board of any  
3590 political subdivision or other entity set forth in this section is  
3591 authorized to expend funds from any available source for the  
3592 purpose of obtaining and maintaining that property insurance. The  
3593 administration and service of any such self-insurance program  
3594 shall be contracted to a third party and approved by the  
3595 Commissioner of Insurance.

3596       **SECTION 41.** Section 37-101-15, Mississippi Code of 1972, is  
3597 brought forward as follows:

3598       37-101-15. (a) The Board of Trustees of State Institutions  
3599 of Higher Learning shall succeed to and continue to exercise  
3600 control of all records, books, papers, equipment, and supplies,  
3601 and all lands, buildings, and other real and personal property  
3602 belonging to or assigned to the use and benefit of the board of  
3603 trustees formerly supervising and controlling the institutions of  
3604 higher learning named in Section 37-101-1. The board shall have  
3605 and exercise control of the use, distribution and disbursement of  
3606 all funds, appropriations and taxes, now and hereafter in  
3607 possession, levied and collected, received, or appropriated for  
3608 the use, benefit, support, and maintenance or capital outlay  
3609 expenditures of the institutions of higher learning, including the  
3610 authorization of employees to sign vouchers for the disbursement



3611 of funds for the various institutions, except where otherwise  
3612 specifically provided by law.

3613 (b) The board shall have general supervision of the affairs  
3614 of all the institutions of higher learning, including the  
3615 departments and the schools thereof. The board shall have the  
3616 power in its discretion to determine who shall be privileged to  
3617 enter, to remain in, or to graduate therefrom. The board shall  
3618 have general supervision of the conduct of libraries and  
3619 laboratories, the care of dormitories, buildings, and grounds; the  
3620 business methods and arrangement of accounts and records; the  
3621 organization of the administrative plan of each institution; and  
3622 all other matters incident to the proper functioning of the  
3623 institutions. The board shall have the authority to establish  
3624 minimum standards of achievement as a prerequisite for entrance  
3625 into any of the institutions under its jurisdiction, which  
3626 standards need not be uniform between the various institutions and  
3627 which may be based upon such criteria as the board may establish.

3628 (c) The board shall exercise all the powers and prerogatives  
3629 conferred upon it under the laws establishing and providing for  
3630 the operation of the several institutions herein specified. The  
3631 board shall adopt such bylaws and regulations from time to time as  
3632 it deems expedient for the proper supervision and control of the  
3633 several institutions of higher learning, insofar as such bylaws  
3634 and regulations are not repugnant to the Constitution and laws,  
3635 and not inconsistent with the object for which these institutions



3636 were established. The board shall have power and authority to  
3637 prescribe rules and regulations for policing the campuses and all  
3638 buildings of the respective institutions, to authorize the arrest  
3639 of all persons violating on any campus any criminal law of the  
3640 state, and to have such law violators turned over to the civil  
3641 authorities.

3642 (d) For all institutions specified herein, the board shall  
3643 provide a uniform system of recording and of accounting approved  
3644 by the State Department of Audit. The board shall annually  
3645 prepare, or cause to be prepared, a budget for each institution of  
3646 higher learning for the succeeding year which must be prepared and  
3647 in readiness for at least thirty (30) days before the convening of  
3648 the regular session of the Legislature. All relationships and  
3649 negotiations between the State Legislature and its various  
3650 committees and the institutions named herein shall be carried on  
3651 through the board of trustees. No official, employee or agent  
3652 representing any of the separate institutions shall appear before  
3653 the Legislature or any committee thereof except upon the written  
3654 order of the board or upon the request of the Legislature or a  
3655 committee thereof.

3656 (e) For all institutions specified herein, the board shall  
3657 prepare an annual report to the Legislature setting forth the  
3658 disbursements of all monies appropriated to the respective  
3659 institutions. Each report to the Legislature shall show how the  
3660 money appropriated to the several institutions has been expended,





3661 beginning and ending with the fiscal years of the institutions,  
3662 showing the name of each teacher, officer, and employee, and the  
3663 salary paid each, and an itemized statement of each and every item  
3664 of receipts and expenditures. Each report must be balanced, and  
3665 must begin with the former balance. If any property belonging to  
3666 the state or the institution is used for profit, the reports shall  
3667 show the expense incurred in managing the property and the amount  
3668 received therefrom. The reports shall also show a summary of the  
3669 gross receipts and gross disbursements for each year and shall  
3670 show the money on hand at the beginning of the fiscal period of  
3671 the institution next preceding each session of the Legislature and  
3672 the necessary amount of expense to be incurred from said date to  
3673 January 1 following. The board shall keep the annual expenditures  
3674 of each institution herein mentioned within the income derived  
3675 from legislative appropriations and other sources, but in case of  
3676 emergency arising from acts of providence, epidemics, fire or  
3677 storm with the written approval of the Governor and by written  
3678 consent of a majority of the senators and of the representatives  
3679 it may exceed the income. The board shall require a surety bond  
3680 in a surety company authorized to do business in this state of  
3681 every employee who is the custodian of funds belonging to one or  
3682 more of the institutions mentioned herein, which bond shall be in  
3683 a sum to be fixed by the board in an amount that will properly  
3684 safeguard the said funds, the premium for which shall be paid out  
3685 of the funds appropriated for said institutions.



3686           (f) The board shall have the power and authority to elect  
3687 the heads of the various institutions of higher learning and to  
3688 contract with all deans, professors, and other members of the  
3689 teaching staff, and all administrative employees of said  
3690 institutions for a term not exceeding four (4) years. The board  
3691 shall have the power and authority to terminate any such contract  
3692 at any time for malfeasance, inefficiency, or contumacious  
3693 conduct, but never for political reasons. It shall be the policy  
3694 of the board to permit the executive head of each institution to  
3695 nominate for election by the board all subordinate employees of  
3696 the institution over which he presides. It shall be the policy of  
3697 the board to elect all officials for a definite tenure of service  
3698 and to reelect during the period of satisfactory service. The  
3699 board shall have the power to make any adjustments it thinks  
3700 necessary between the various departments and schools of any  
3701 institution or between the different institutions.

3702           (g) The board shall keep complete minutes and records of all  
3703 proceedings which shall be open for inspection by any citizen of  
3704 the state.

3705           (h) The board shall have the power to enter into an energy  
3706 performance contract, energy services contract, on a  
3707 shared-savings, lease or lease-purchase basis, for energy  
3708 efficiency services and/or equipment as prescribed in Section  
3709 31-7-14.



3710           (i) The Board of Trustees of State Institutions of Higher  
3711 Learning, for and on behalf of Jackson State University, is hereby  
3712 authorized to convey by donation or otherwise easements across  
3713 portions of certain real estate located in the City of Jackson,  
3714 Hinds County, Mississippi, for right-of-way required for the Metro  
3715 Parkway Project.

3716           (j) In connection with any international contract between  
3717 the board or one (1) of the state's institutions of higher  
3718 learning and any party outside of the United States, the board or  
3719 institution that is the party to the international contract is  
3720 hereby authorized and empowered to include in the contract a  
3721 provision for the resolution by arbitration of any controversy  
3722 between the parties to the contract relating to such contract or  
3723 the failure or refusal to perform any part of the contract. Such  
3724 provision shall be valid, enforceable and irrevocable without  
3725 regard to the justiciable character of the controversy. Provided,  
3726 however, that in the event either party to such contract initiates  
3727 litigation against the other with respect to the contract, the  
3728 arbitration provision shall be deemed waived unless asserted as a  
3729 defense on or before the responding party is required to answer  
3730 such litigation.

3731           (k) The Board of Trustees of State Institutions of Higher  
3732 Learning ("board"), on behalf of any institution under its  
3733 jurisdiction, shall purchase and maintain business property  
3734 insurance and business personal property insurance on all



3735 university-owned buildings and/or contents as required by federal  
3736 law and regulations of the Federal Emergency Management Agency  
3737 (FEMA) as is necessary for receiving public assistance or  
3738 reimbursement for repair, reconstruction, replacement or other  
3739 damage to those buildings and/or contents caused by the Hurricane  
3740 Katrina Disaster of 2005 or subsequent disasters. The board is  
3741 authorized to expend funds from any available source for the  
3742 purpose of obtaining and maintaining that property insurance. The  
3743 board is authorized to enter into agreements with the Department  
3744 of Finance and Administration, local school districts,  
3745 community/junior college districts, community hospitals and/or  
3746 other state agencies to pool their liabilities to participate in a  
3747 group business property and/or business personal property  
3748 insurance program, subject to uniform rules and regulations as may  
3749 be adopted by the Department of Finance and Administration.

3750       (1) The Board of Trustees of State Institutions of Higher  
3751 Learning, or its designee, may approve the payment or  
3752 reimbursement of reasonable travel expenses incurred by candidates  
3753 for open positions at the board's executive office or at any of  
3754 the state institutions of higher learning, when the job candidate  
3755 has incurred expenses in traveling to a job interview at the  
3756 request of the board, the Commissioner of Higher Education or a  
3757 state institution of higher learning administrator.

3758       (m) (i) The Board of Trustees of State Institutions of  
3759 Higher Learning is authorized to administer and approve contracts



3760 for the construction and maintenance of buildings and other  
3761 facilities of the state institutions of higher learning, including  
3762 related contracts for architectural and engineering services,  
3763 which are paid for with self-generated funds.

3764 (ii) Additionally, the board is authorized to oversee,  
3765 administer and approve contracts for the construction and  
3766 maintenance of buildings and other facilities of the state  
3767 institutions of higher learning, including related contracts for  
3768 architectural and engineering services, which are funded in whole  
3769 or in part by general obligation bonds of the State of Mississippi  
3770 at institutions designated annually by the board as being capable  
3771 to procure and administer all such contracts. Prior to the  
3772 disbursement of funds, an agreement for each project between the  
3773 institution and the Department of Finance and Administration shall  
3774 be executed. The approval and execution of the agreement shall  
3775 not be withheld by either party unless the withholding party  
3776 provides a written, detailed explanation of the basis for  
3777 withholding to the other party. The agreement shall stipulate the  
3778 responsibilities of each party, applicable procurement  
3779 regulations, documentation and reporting requirements, conditions  
3780 prior to, and schedule of, disbursement of general obligation bond  
3781 funds to the institution and provisions concerning handling any  
3782 remaining general obligation bonds at the completion of the  
3783 project. Such agreement shall not include provisions that  
3784 constitute additional qualifications or criteria that act to



3785 invalidate the designation of an institution as capable of  
3786 procuring and administering such project. Inclusion of any such  
3787 provisions may be appealed to the Public Procurement Review Board.  
3788 This paragraph (ii) shall stand repealed from and after July 1,  
3789 2025.

3790 (n) The Board of Trustees of State Institutions of Higher  
3791 Learning ("board") shall require all on-campus faculty and staff  
3792 employed by, and all students attending, any of the state  
3793 institutions of higher learning identified in Section 37-101-1 to  
3794 be issued an identification badge in physical or electronic  
3795 format. Any identification card issued or renewed pursuant to  
3796 this section, whether physical or in an electronic format, shall  
3797 include the words "Crisis Lifeline - Dial or Text 988, or chat  
3798 988lifeline.org" or like language for formatting purposes.

3799 **SECTION 42.** This act shall take effect and be in force from  
3800 and after July 1, 2025, and shall stand repealed on June 30, 2025.

**Further, amend by striking the title in its entirety and  
inserting in lieu thereof the following:**

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



DISASTER RECOVERY; TO AMEND SECTION 37-9-59, MISSISSIPPI CODE OF  
1972, TO REQUIRE THE DEPARTMENT TO SET STANDARDS REGARDING  
INVESTIGATIONS OF SCHOOL DISTRICT PERSONNEL; TO AMEND SECTION  
37-13-137, MISSISSIPPI CODE OF 1972, TO REQUIRE THE DEPARTMENT TO  
PROVIDE SCHOOL DISTRICTS WITH SUPPORT TO MAKE THEM MORE EFFICIENT  
AND EFFECTIVE PLANNERS OF SCHOOL NUTRITION PROGRAMS; TO AMEND  
SECTION 37-37-1, MISSISSIPPI CODE OF 1972, TO REQUIRE THE  
DEPARTMENT OF EDUCATION TO ANNUALLY REVIEW ITS ACCOUNTING  
PROCEDURES AND REQUIREMENTS FOR SCHOOL DISTRICTS TO ASSIST  
DISTRICTS IN PROVIDING GREATER DETAIL, CLARITY, AND ACCURACY OF  
DISTRICT REVENUES AND EXPENSES; TO AMEND SECTION 37-41-13,  
MISSISSIPPI CODE OF 1972, TO REQUIRE THE DEPARTMENT TO ASSIST  
SCHOOL DISTRICTS IN PLANNING TRANSPORTATION SERVICES; TO AMEND  
SECTION 43-13-117, MISSISSIPPI CODE OF 1972, TO REQUIRE THE PEER  
COMMITTEE TO CONDUCT A PERFORMANCE EVALUATION OF THE DIVISION OF  
MEDICAID'S NONEMERGENCY TRANSPORTATION PROGRAM TWO YEARS AFTER THE  
IMPLEMENTATION DATE OF EACH NEW CONTRACT; TO AMEND SECTION  
37-181-5, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT A PARENT,  
GUARDIAN, ELIGIBLE SCHOOL, OR EDUCATIONAL SERVICE PROVIDER MAY  
REQUEST REIMBURSEMENT FOR QUALIFYING EXPENSES UNDER THE EDUCATION  
SCHOLARSHIP ACCOUNT (ESA) PROGRAM AFTER A STUDENT RETURNS TO A  
PUBLIC SCHOOL IN THE STUDENT'S HOME SCHOOL DISTRICT; TO PROVIDE  
THAT, UPON A STUDENT'S RETURN TO THE HOME SCHOOL DISTRICT, ANY  
FUNDS REMAINING IN THE STUDENT'S ESA AFTER REIMBURSEMENT REQUESTS  
HAVE BEEN PROCESSED SHALL BE DISTRIBUTED TO THE HOME DISTRICT; TO  
DISTRIBUTE FUNDS FROM A CLOSED ESA TO THE STATE GENERAL FUND AT  
THE END OF THE SCHOOL YEAR IF THE STUDENT HAS NOT RETURNED TO THE  
HOME DISTRICT; TO AMEND SECTION 37-181-7, MISSISSIPPI CODE OF  
1972, TO REMOVE THE LIMIT ON NEW ENROLLMENT IN THE ESA PROGRAM OF  
500 ADDITIONAL STUDENTS PER YEAR; TO PROVIDE THAT EACH STUDENT'S  
ESA SHALL BE FUNDED AT AN AMOUNT EQUIVALENT TO THE STUDENT BASE  
AMOUNT UNDER THE TOTAL FUNDING FORMULA; TO AMEND SECTION 37-181-9,  
MISSISSIPPI CODE OF 1972, TO REMOVE THE AUTHORIZATION OF THE STATE  
DEPARTMENT OF EDUCATION TO DEDUCT AN AMOUNT UP TO A LIMIT OF 6%  
FROM APPROPRIATIONS USED TO FUND ESAS TO COVER THE COSTS OF  
OVERSEEING THE FUNDS AND ADMINISTERING THE ESA PROGRAM; 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 REQUIRE ALL ELIGIBLE  
SCHOOLS TO ADVISE PARENTS OF STUDENTS WHO QUALIFY FOR OTHER  
SCHOLARSHIP PROGRAMS TO APPLY FOR THOSE PROGRAMS INSTEAD OF THE  
ESA PROGRAM; TO REQUIRE PARTICIPATING STUDENTS TO TAKE THE SAME  
ASSESSMENT AT THE BEGINNING AND THE END OF THE SCHOOL YEAR; TO  
LIMIT THE TYPES OF ASSESSMENTS STUDENTS ARE REQUIRED TO TAKE; TO  
PROVIDE A MEASURE OF FLEXIBILITY IF THE STANDARD ASSESSMENT TYPES  
ARE INAPPROPRIATE DUE TO THE SEVERITY OF THE STUDENT'S DISABILITY;  
TO AMEND SECTION 37-181-17, MISSISSIPPI CODE OF 1972, TO REQUIRE  
ELIGIBLE SCHOOLS, OR THE PARENT OR GUARDIAN WHO SUBMITTED THE ESA  
APPLICATION, TO SUBMIT INFORMATION ABOUT SPECIAL EDUCATION



63 SERVICES TO THE STATE DEPARTMENT OF EDUCATION; TO BRING FORWARD  
64 SECTIONS 37-181-1, 37-181-3, 37-181-11, 37-181-13, 37-181-19,  
65 37-181-21 AND 37-181-23, MISSISSIPPI CODE OF 1972, FOR THE PURPOSE  
66 OF POSSIBLE AMENDMENT; TO AMEND SECTION 47-5-579, MISSISSIPPI CODE  
67 OF 1972, TO CLARIFY THAT ALL PROGRAM WITHHOLDINGS FROM  
68 PARTICIPANTS OF THE PRISON INDUSTRIES CORPORATION'S WORK  
69 INITIATIVE PROGRAM SHALL BE CALCULATED BASED UPON PARTICIPANT  
70 WAGES AFTER MANDATORY DEDUCTIONS; TO REQUIRE ACCOUNTING OF ANY  
71 DEPENDENT SUPPORT PAYMENTS, FINES, RESTITUTIONS, FEES OR COSTS, AS  
72 ORDERED BY THE COURT, BE REPORTED FOR EACH WORK INITIATIVE  
73 PARTICIPANT; TO REQUIRE THAT THE REMAINING SENTENCE LENGTH OF SUCH  
74 PARTICIPANT BE COLLECTED, MAINTAINED AND REPORTED; AND TO REQUIRE  
75 THAT A FINANCIAL ACCOUNT CREATION DATE BE COLLECTED, MAINTAINED  
76 AND REPORTED FOR EACH PARTICIPANT; TO AMEND SECTION 37-28-7,  
77 MISSISSIPPI CODE OF 1972, TO ESTABLISH STAGGERED TERMS OF OFFICE  
78 FOR MEMBERS OF THE CHARTER SCHOOL AUTHORIZER BOARD; TO AMEND  
79 SECTION 37-28-11, MISSISSIPPI CODE OF 1972, TO ALLOW FOR THE  
80 MISSISSIPPI CHARTER SCHOOL AUTHORIZER BOARD TO RECEIVE UP TO 3% OF  
81 ANNUAL PER-PUPIL ALLOCATIONS RECEIVED BY A CHARTER SCHOOL FROM  
82 STATE AND LOCAL FUNDS FOR EACH CHARTER SCHOOL IT AUTHORIZES; TO  
83 AMEND SECTION 1, CHAPTER 431, LAWS OF 2024, TO EXTEND THE  
84 OPERATION OF THE MISSISSIPPI K-12 AND POSTSECONDARY MENTAL HEALTH  
85 TASK FORCE FOR ONE ADDITIONAL YEAR; TO PROVIDE THAT THE TASK FORCE  
86 SHALL DEVELOP AND REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE  
87 MISSISSIPPI LEGISLATURE ON OR BEFORE OCTOBER 1, 2025; TO DISSOLVE  
88 THE TASK FORCE UPON PRESENTATION OF THE REPORT DUE ON OR BEFORE  
89 OCTOBER 1, 2025; TO ENACT THE "MISSISSIPPI K-12 AND POSTSECONDARY  
90 MENTAL HEALTH ACT OF 2025"; TO ESTABLISH AN EXECUTIVE COMMITTEE OF  
91 THE INTERAGENCY COORDINATING COUNCIL FOR CHILDREN AND YOUTH  
92 (ICCCY); TO PROVIDE FOR THE COMPOSITION OF THE EXECUTIVE  
93 COMMITTEE; TO SPECIFY THE EXECUTIVE COMMITTEE'S COORDINATING  
94 RESPONSIBILITIES RELATED TO THE GENERAL MENTAL HEALTH AND  
95 WELL-BEING OF CHILDREN AND ADOLESCENTS; TO PROVIDE FOR THE  
96 DISSEMINATION OF RECOMMENDATIONS AND INFORMATION COMPILED BY THE  
97 EXECUTIVE COMMITTEE; TO AMEND SECTION 43-13-1, MISSISSIPPI CODE OF  
98 1972, TO CONFORM; TO BRING FORWARD SECTIONS 43-14-3 AND 43-14-5,  
99 MISSISSIPPI CODE OF 1972, FOR THE PURPOSE OF POSSIBLE AMENDMENT;  
100 TO CREATE SECTION 5-3-70, MISSISSIPPI CODE OF 1972, TO PROVIDE FOR  
101 CIVIL ENFORCEMENT OF PEER COMMITTEE SUBPOENAS; TO AMEND SECTION  
102 5-3-59, MISSISSIPPI CODE OF 1972, TO PROVIDE CRIMINAL PENALTIES  
103 FOR PERSONS WHO FAIL TO COMPLY WITH SUBPOENAS FROM THE PEER  
104 COMMITTEE; TO AMEND SECTIONS 5-1-23 AND 5-1-25, MISSISSIPPI CODE  
105 OF 1972, TO PROVIDE THAT THESE PROVISIONS ARE NOT APPLICABLE TO  
106 SUBPOENAS ISSUED BY THE PEER COMMITTEE; TO AMEND SECTION 5-1-35,  
107 MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THE SERGEANT-AT-ARMS OF  
108 THE MISSISSIPPI STATE SENATE SHALL SERVE SUBPOENAS ISSUED BY THE  
109 PEER COMMITTEE; TO AMEND SECTION 29-13-1, MISSISSIPPI CODE OF  
110 1972, TO ALLOW FOR THE DEPARTMENT OF FINANCE AND ADMINISTRATION TO  
111 ESTABLISH A SELF-INSURANCE FUND OR SELF-INSURANCE RESERVES, OR ANY  
112 COMBINATION THEREOF, TO INSURE STATE-OWNED BUILDINGS AND CONTENTS;





113 TO REQUIRE THE MISSISSIPPI SELF-INSURANCE TASK FORCE TO REPORT ON  
114 THE COST BENEFITS OF SELF-INSURING BEFORE FUNDS ARE EXPENDED TO  
115 SELF-INSURE; TO CREATE THE MISSISSIPPI SELF-INSURANCE TASK FORCE  
116 TO STUDY, REPORT AND MAKE RECOMMENDATIONS REGARDING A  
117 SELF-INSURANCE PLAN; TO PROVIDE CERTAIN ITEMS FOR THE TASK FORCE  
118 TO STUDY, REPORT AND MAKE RECOMMENDATIONS ON; TO PROVIDE FOR THE  
119 MEMBERSHIP AND MEETING PROCEDURE OF THE TASK FORCE; TO REQUIRE THE  
120 TASK FORCE TO MAKE A REPORT OF ITS FINDINGS AND RECOMMENDATIONS,  
121 INCLUDING ANY RECOMMENDED LEGISLATION, TO THE LIEUTENANT GOVERNOR,  
122 SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE CHAIRS OF THE  
123 INSURANCE COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND SENATE ON  
124 OR BEFORE NOVEMBER 1, 2025, AT WHICH TIME THE TASK FORCE WILL BE  
125 DISSOLVED; TO AMEND SECTION 31-11-3, MISSISSIPPI CODE OF 1972, TO  
126 CONFORM; TO BRING FORWARD SECTIONS 37-29-67, 41-73-31, 37-7-303  
127 AND 37-101-15, MISSISSIPPI CODE OF 1972, FOR THE PURPOSE OF  
128 POSSIBLE AMENDMENT; AND FOR RELATED PURPOSES.

