

Adopted
SUBSTITUTE NO 1 FOR COMMITTEE AMENDMENT NO 1 PROPOSED
TO

House Bill No. 924

BY: Senator(s) Parker

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

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

74 **SECTION 2.** The following shall be codified as Section
75 5-3-77, Mississippi Code of 1972:

76 **5-3-77.** (1) In addition to other duties and
77 responsibilities set out in this chapter, the PEER Committee is
78 authorized to establish a program of reviewing selected newly
79 adopted state agency administrative rules. Such reviews shall
80 produce a report to the Legislature on newly adopted state agency



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

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

93 **SECTION 3.** Section 43-13-117, Mississippi Code of 1972, is
94 amended as follows:

95 43-13-117. (A) Medicaid as authorized by this article shall
96 include payment of part or all of the costs, at the discretion of
97 the division, with approval of the Governor and the Centers for
98 Medicare and Medicaid Services, of the following types of care and
99 services rendered to eligible applicants who have been determined
100 to be eligible for that care and services, within the limits of
101 state appropriations and federal matching funds:

102 (1) Inpatient hospital services.

103 (a) The division is authorized to implement an All
104 Patient Refined Diagnosis Related Groups (APR-DRG) reimbursement
105 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



156 monitoring system, which includes the fair rental system for
157 property costs and in which recapture of depreciation is
158 eliminated. The division may reduce the payment for hospital
159 leave and therapeutic home leave days to the lower of the case-mix
160 category as computed for the resident on leave using the
161 assessment being utilized for payment at that point in time, or a
162 case-mix score of 1.000 for nursing facilities, and shall compute
163 case-mix scores of residents so that only services provided at the
164 nursing facility are considered in calculating a facility's per
165 diem.

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

169 (d) On or after January 1, 2015, the division
170 shall update the case-mix payment system resource utilization
171 grouper and classifications and fair rental reimbursement system.
172 The division shall develop and implement a payment add-on to
173 reimburse nursing facilities for ventilator-dependent resident
174 services.

175 (e) The division shall develop and implement, not
176 later than January 1, 2001, a case-mix payment add-on determined
177 by time studies and other valid statistical data that will
178 reimburse a nursing facility for the additional cost of caring for
179 a resident who has a diagnosis of Alzheimer's or other related
180 dementia and exhibits symptoms that require special care. Any



181 such case-mix add-on payment shall be supported by a determination
182 of additional cost. The division shall also develop and implement
183 as part of the fair rental reimbursement system for nursing
184 facility beds, an Alzheimer's resident bed depreciation enhanced
185 reimbursement system that will provide an incentive to encourage
186 nursing facilities to convert or construct beds for residents with
187 Alzheimer's or other related dementia.

188 (f) The division shall develop and implement an
189 assessment process for long-term care services. The division may
190 provide the assessment and related functions directly or through
191 contract with the area agencies on aging.

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

196 (5) Periodic screening and diagnostic services for
197 individuals under age twenty-one (21) years as are needed to
198 identify physical and mental defects and to provide health care
199 treatment and other measures designed to correct or ameliorate
200 defects and physical and mental illness and conditions discovered
201 by the screening services, regardless of whether these services
202 are included in the state plan. The division may include in its
203 periodic screening and diagnostic program those discretionary
204 services authorized under the federal regulations adopted to
205 implement Title XIX of the federal Social Security Act, as



206 amended. The division, in obtaining physical therapy services,
207 occupational therapy services, and services for individuals with
208 speech, hearing and language disorders, may enter into a
209 cooperative agreement with the State Department of Education for
210 the provision of those services to handicapped students by public
211 school districts using state funds that are provided from the
212 appropriation to the Department of Education to obtain federal
213 matching funds through the division. The division, in obtaining
214 medical and mental health assessments, treatment, care and
215 services for children who are in, or at risk of being put in, the
216 custody of the Mississippi Department of Human Services may enter
217 into a cooperative agreement with the Mississippi Department of
218 Human Services for the provision of those services using state
219 funds that are provided from the appropriation to the Department
220 of Human Services to obtain federal matching funds through the
221 division.

222 (6) Physician services. Fees for physician's services
223 that are covered only by Medicaid shall be reimbursed at ninety
224 percent (90%) of the rate established on January 1, 2018, and as
225 may be adjusted each July thereafter, under Medicare. The
226 division may provide for a reimbursement rate for physician's
227 services of up to one hundred percent (100%) of the rate
228 established under Medicare for physician's services that are
229 provided after the normal working hours of the physician, as
230 determined in accordance with regulations of the division. The



231 division may reimburse eligible providers, as determined by the
232 division, for certain primary care services at one hundred percent
233 (100%) of the rate established under Medicare. The division shall
234 reimburse obstetricians and gynecologists for certain primary care
235 services as defined by the division at one hundred percent (100%)
236 of the rate established under Medicare.

237 (7) (a) Home health services for eligible persons, not
238 to exceed in cost the prevailing cost of nursing facility
239 services. All home health visits must be precertified as required
240 by the division. In addition to physicians, certified registered
241 nurse practitioners, physician assistants and clinical nurse
242 specialists are authorized to prescribe or order home health
243 services and plans of care, sign home health plans of care,
244 certify and recertify eligibility for home health services and
245 conduct the required initial face-to-face visit with the recipient
246 of the services.

247 (b) [Repealed]

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

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

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



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

265 The division may allow for a combination of prescriptions for
266 single-source and innovator multiple-source drugs and generic
267 drugs to meet the needs of the beneficiaries.

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

271 Drugs prescribed for a resident of a psychiatric residential
272 treatment facility must be provided in true unit doses when
273 available. The division may require that drugs not covered by
274 Medicare Part D for a resident of a long-term care facility be
275 provided in true unit doses when available. Those drugs that were
276 originally billed to the division but are not used by a resident
277 in any of those facilities shall be returned to the billing
278 pharmacy for credit to the division, in accordance with the
279 guidelines of the State Board of Pharmacy and any requirements of
280 federal law and regulation. Drugs shall be dispensed to a



281 recipient and only one (1) dispensing fee per month may be
282 charged. The division shall develop a methodology for reimbursing
283 for restocked drugs, which shall include a restock fee as
284 determined by the division not exceeding Seven Dollars and
285 Eighty-two Cents (\$7.82).

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

290 The division is authorized to develop and implement a program
291 of payment for additional pharmacist services as determined by the
292 division.

293 All claims for drugs for dually eligible Medicare/Medicaid
294 beneficiaries that are paid for by Medicare must be submitted to
295 Medicare for payment before they may be processed by the
296 division's online payment system.

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

302 The division shall develop and implement a method or methods
303 by which the division will provide on a regular basis to Medicaid
304 providers who are authorized to prescribe drugs, information about
305 the costs to the Medicaid program of single-source drugs and



306 innovator multiple-source drugs, and information about other drugs
307 that may be prescribed as alternatives to those single-source
308 drugs and innovator multiple-source drugs and the costs to the
309 Medicaid program of those alternative drugs.

310 Notwithstanding any law or regulation, information obtained
311 or maintained by the division regarding the prescription drug
312 program, including trade secrets and manufacturer or labeler
313 pricing, is confidential and not subject to disclosure except to
314 other state agencies.

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

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

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

326 The division shall allow certain drugs, including
327 physician-administered drugs, and implantable drug system devices,
328 and medical supplies, with limited distribution or limited access
329 for beneficiaries and administered in an appropriate clinical



330 setting, to be reimbursed as either a medical claim or pharmacy
331 claim, as determined by the division.

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

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

338 The division shall increase the amount of the reimbursement
339 rate for diagnostic and preventative dental services for each of
340 the fiscal years 2022, 2023 and 2024 by five percent (5%) above
341 the amount of the reimbursement rate for the previous fiscal year.
342 The division shall increase the amount of the reimbursement rate
343 for restorative dental services for each of the fiscal years 2023,
344 2024 and 2025 by five percent (5%) above the amount of the
345 reimbursement rate for the previous fiscal year. It is the intent
346 of the Legislature that the reimbursement rate revision for
347 preventative dental services will be an incentive to increase the
348 number of dentists who actively provide Medicaid services. This
349 dental services reimbursement rate revision shall be known as the
350 "James Russell Dumas Medicaid Dental Services Incentive Program."

351 The Medical Care Advisory Committee, assisted by the Division
352 of Medicaid, shall annually determine the effect of this incentive
353 by evaluating the number of dentists who are Medicaid providers,
354 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



379 Christmas, the day after Christmas, Thanksgiving, the day before
380 Thanksgiving and the day after Thanksgiving.

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

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

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

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

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

397 (b) Dialysis center services.

398 (15) Home- and community-based services for the elderly
399 and disabled, as provided under Title XIX of the federal Social
400 Security Act, as amended, under waivers, subject to the
401 availability of funds specifically appropriated for that purpose
402 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 of Mental Health to provide therapeutic and case management services, to be reimbursed on a fee for service basis, or (c) provided in the community by a facility or program operated by the Department of Mental Health. Any such services provided by a facility described in subparagraph (b) must have the prior approval of the division to be reimbursable under this section.

(17) Durable medical equipment services and medical supplies. Precertification of durable medical equipment and medical supplies must be obtained as required by the division. The Division of Medicaid may require durable medical equipment providers to obtain a surety bond in the amount and to the specifications as established by the Balanced Budget Act of 1997. A maximum dollar amount of reimbursement for noninvasive



ventilators or ventilation treatments properly ordered and being used in an appropriate care setting shall not be set by any health maintenance organization, coordinated care organization, provider-sponsored health plan, or other organization paid for services on a capitated basis by the division under any managed care program or coordinated care program implemented by the division under this section. Reimbursement by these organizations to durable medical equipment suppliers for home use of noninvasive and invasive ventilators shall be on a continuous monthly payment basis for the duration of medical need throughout a patient's valid prescription period.

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



in Section 1903 of the federal Social Security Act and any applicable regulations.

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

2. The division shall establish a Medicaid Supplemental Payment Program, as permitted by the federal 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 services; creating a low-income utilization pool of funds to reimburse hospitals for the costs of uncompensated care, charity care and bad debts as permitted and approved pursuant to federal regulations and the Centers for Medicare and Medicaid Services; supplemental payments based upon Medicaid utilization, quality, service lines and/or costs of providing such services to Medicaid beneficiaries and to uninsured patients. The goals of such payment models shall be to ensure access to inpatient and outpatient care and to maximize any federal funds that are available to reimburse hospitals for services provided. Any such documents required to achieve the goals described in this paragraph shall be submitted to the Centers for Medicare and Medicaid Services, with a proposed effective date of July 1, 2019, to the extent possible, but in no event shall the effective date



of such payment models be later than July 1, 2020. The Chairmen of the Senate and House Medicaid Committees shall be provided a copy of the proposed payment model(s) prior to submission. Effective July 1, 2018, and until such time as any payment model(s) as described above become effective, the division, in consultation with the hospital industry, is authorized to implement a transitional program for inpatient and outpatient payments and/or supplemental payments (including, but not limited to, MHAP and directed payments), to redistribute available supplemental funds among hospital providers, provided that when compared to a hospital's prior year supplemental payments, supplemental payments made pursuant to any such transitional program shall not result in a decrease of more than five percent (5%) and shall not increase by more than the amount needed to maximize the distribution of the available funds.

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

2. The division shall calculate the ambulance service access payment amount as the balance of the portion of the Medical Care Fund related to ambulance



transportation service provider assessments plus any federal matching funds earned on the balance, up to, but not to exceed, the upper payment limit gap for all emergency ambulance service providers.

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

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

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



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

580 (c) (i) Not later than December 1, 2015, the
581 division shall, subject to approval by the Centers for Medicare
582 and Medicaid Services (CMS), establish, implement and operate a
583 Mississippi Hospital Access Program (MHAP) for the purpose of
584 protecting patient access to hospital care through hospital
585 inpatient reimbursement programs provided in this section designed
586 to maintain total hospital reimbursement for inpatient services
587 rendered by in-state hospitals and the out-of-state hospital that
588 is authorized by federal law to submit intergovernmental transfers
589 (IGTs) to the State of Mississippi and is classified as Level I
590 trauma center located in a county contiguous to the state line at
591 the maximum levels permissible under applicable federal statutes
592 and regulations, at which time the current inpatient Medicare
593 Upper Payment Limits (UPL) Program for hospital inpatient services
594 shall transition to the MHAP.

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



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

612 (iv) The division shall assess each hospital
613 as provided in Section 43-13-145(4) (a) for the purpose of
614 financing the state portion of the MHAP, supplemental payments and
615 such other purposes as specified in Section 43-13-145. The
616 assessment will remain in effect as long as the MHAP and
617 supplemental payments are in effect.

618 (19) (a) Perinatal risk management services. The
619 division shall promulgate regulations to be effective from and
620 after October 1, 1988, to establish a comprehensive perinatal
621 system for risk assessment of all pregnant and infant Medicaid
622 recipients and for management, education and follow-up for those
623 who are determined to be at risk. Services to be performed
624 include case management, nutrition assessment/counseling,
625 psychosocial assessment/counseling and health education. The
626 division shall contract with the State Department of Health to



627 provide services within this paragraph (Perinatal High Risk
628 Management/Infant Services System (PHRM/ISS)). The State
629 Department of Health shall be reimbursed on a full reasonable cost
630 basis for services provided under this subparagraph (a).

631 (b) Early intervention system services. The
632 division shall cooperate with the State Department of Health,
633 acting as lead agency, in the development and implementation of a
634 statewide system of delivery of early intervention services, under
635 Part C of the Individuals with Disabilities Education Act (IDEA).
636 The State Department of Health shall certify annually in writing
637 to the executive director of the division the dollar amount of
638 state early intervention funds available that will be utilized as
639 a certified match for Medicaid matching funds. Those funds then
640 shall be used to provide expanded targeted case management
641 services for Medicaid eligible children with special needs who are
642 eligible for the state's early intervention system.
643 Qualifications for persons providing service coordination shall be
644 determined by the State Department of Health and the Division of
645 Medicaid.

646 (20) Home- and community-based services for physically
647 disabled approved services as allowed by a waiver from the United
648 States Department of Health and Human Services for home- and
649 community-based services for physically disabled people using
650 state funds that are provided from the appropriation to the State
651 Department of Rehabilitation Services and used to match federal



652 funds under a cooperative agreement between the division and the
653 department, provided that funds for these services are
654 specifically appropriated to the Department of Rehabilitation
655 Services.

656 (21) Nurse practitioner services. Services furnished
657 by a registered nurse who is licensed and certified by the
658 Mississippi Board of Nursing as a nurse practitioner, including,
659 but not limited to, nurse anesthetists, nurse midwives, family
660 nurse practitioners, family planning nurse practitioners,
661 pediatric nurse practitioners, obstetrics-gynecology nurse
662 practitioners and neonatal nurse practitioners, under regulations
663 adopted by the division. Reimbursement for those services shall
664 not exceed ninety percent (90%) of the reimbursement rate for
665 comparable services rendered by a physician. The division may
666 provide for a reimbursement rate for nurse practitioner services
667 of up to one hundred percent (100%) of the reimbursement rate for
668 comparable services rendered by a physician for nurse practitioner
669 services that are provided after the normal working hours of the
670 nurse practitioner, as determined in accordance with regulations
671 of the division.

672 (22) Ambulatory services delivered in federally
673 qualified health centers, rural health centers and clinics of the
674 local health departments of the State Department of Health for
675 individuals eligible for Medicaid under this article based on
676 reasonable costs as determined by the division. Federally



qualified health centers shall be reimbursed by the Medicaid prospective payment system as approved by the Centers for Medicare and Medicaid Services. The division shall recognize federally qualified health centers (FQHCs), rural health clinics (RHCs) and community mental health centers (CMHCs) as both an originating and distant site provider for the purposes of telehealth reimbursement. The division is further authorized and directed to reimburse FQHCs, RHCs and CMHCs for both distant site and originating site services when such services are appropriately provided by the same organization.

(23) Inpatient psychiatric services.

(a) Inpatient psychiatric services to be determined by the division for recipients under age twenty-one (21) that are provided under the direction of a physician in an inpatient program in a licensed acute care psychiatric facility or in a licensed psychiatric residential treatment facility, before the recipient reaches age twenty-one (21) or, if the recipient was receiving the services immediately before he or she reached age twenty-one (21), before the earlier of the date he or she no longer requires the services or the date he or she reaches age twenty-two (22), as provided by federal regulations. From and after January 1, 2015, the division shall update the fair rental reimbursement system for psychiatric residential treatment facilities. Precertification of inpatient days and residential treatment days must be obtained as required by the division. From



and after July 1, 2009, all state-owned and state-operated facilities that provide inpatient psychiatric services to persons under age twenty-one (21) who are eligible for Medicaid reimbursement shall be reimbursed for those services on a full reasonable cost basis.

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

(24) [Deleted]

(25) [Deleted]

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

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



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

731 (29) The Division of Medicaid may apply for a waiver
732 from the United States Department of Health and Human Services for
733 home- and community-based services for developmentally disabled
734 people using state funds that are provided from the appropriation
735 to the State Department of Mental Health and/or funds transferred
736 to the department by a political subdivision or instrumentality of
737 the state and used to match federal funds under a cooperative
738 agreement between the division and the department, provided that
739 funds for these services are specifically appropriated to the
740 Department of Mental Health and/or transferred to the department
741 by a political subdivision or instrumentality of the state.

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

745 (31) Targeted case management services for children
746 with special needs, under waivers from the United States
747 Department of Health and Human Services, using state funds that
748 are provided from the appropriation to the Mississippi Department
749 of Human Services and used to match federal funds under a
750 cooperative agreement between the division and the department.



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

757 (33) Podiatrist services.

758 (34) Assisted living services as provided through
759 home- and community-based services under Title XIX of the federal
760 Social Security Act, as amended, subject to the availability of
761 funds specifically appropriated for that purpose by the
762 Legislature.

763 (35) Services and activities authorized in Sections
764 43-27-101 and 43-27-103, using state funds that are provided from
765 the appropriation to the Mississippi Department of Human Services
766 and used to match federal funds under a cooperative agreement
767 between the division and the department.

768 (36) Nonemergency transportation services for
769 Medicaid-eligible persons as determined by the division. The PEER
770 Committee shall conduct a performance evaluation of the
771 nonemergency transportation program to evaluate the administration
772 of the program and the providers of transportation services to
773 determine the most cost-effective ways of providing nonemergency
774 transportation services to the patients served under the program.
775 The performance evaluation shall be completed and provided to the



members of the Senate Medicaid Committee and the House Medicaid Committee not later than January 1, 2019, and every two (2) years after the implementation date of each new contract thereafter.

(37) [Deleted]

(38) Chiropractic services. A chiropractor's manual manipulation of the spine to correct a subluxation, if x-ray demonstrates that a subluxation exists and if the subluxation has resulted in a neuromusculoskeletal condition for which manipulation is appropriate treatment, and related spinal x-rays performed to document these conditions. Reimbursement for chiropractic services shall not exceed Seven Hundred Dollars (\$700.00) per year per beneficiary.

(39) Dually eligible Medicare/Medicaid beneficiaries. The division shall pay the Medicare deductible and coinsurance amounts for services available under Medicare, as determined by the division. From and after July 1, 2009, the division shall reimburse crossover claims for inpatient hospital services and crossover claims covered under Medicare Part B in the same manner that was in effect on January 1, 2008, unless specifically authorized by the Legislature to change this method.

(40) [Deleted]

(41) Services provided by the State Department of Rehabilitation Services for the care and rehabilitation of persons with spinal cord injuries or traumatic brain injuries, as allowed under waivers from the United States Department of Health and



801 Human Services, using up to seventy-five percent (75%) of the
802 funds that are appropriated to the Department of Rehabilitation
803 Services from the Spinal Cord and Head Injury Trust Fund
804 established under Section 37-33-261 and used to match federal
805 funds under a cooperative agreement between the division and the
806 department.

807 (42) [Deleted]

808 (43) The division shall provide reimbursement,
809 according to a payment schedule developed by the division, for
810 smoking cessation medications for pregnant women during their
811 pregnancy and other Medicaid-eligible women who are of
812 child-bearing age.

813 (44) Nursing facility services for the severely
814 disabled.

815 (a) Severe disabilities include, but are not
816 limited to, spinal cord injuries, closed-head injuries and
817 ventilator-dependent patients.

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

821 (45) Physician assistant services. Services furnished
822 by a physician assistant who is licensed by the State Board of
823 Medical Licensure and is practicing with physician supervision
824 under regulations adopted by the board, under regulations adopted
825 by the division. Reimbursement for those services shall not



826 exceed ninety percent (90%) of the reimbursement rate for
827 comparable services rendered by a physician. The division may
828 provide for a reimbursement rate for physician assistant services
829 of up to one hundred percent (100%) or the reimbursement rate for
830 comparable services rendered by a physician for physician
831 assistant services that are provided after the normal working
832 hours of the physician assistant, as determined in accordance with
833 regulations of the division.

834 (46) The division shall make application to the federal
835 Centers for Medicare and Medicaid Services (CMS) for a waiver to
836 develop and provide services for children with serious emotional
837 disturbances as defined in Section 43-14-1(1), which may include
838 home- and community-based services, case management services or
839 managed care services through mental health providers certified by
840 the Department of Mental Health. The division may implement and
841 provide services under this waived program only if funds for
842 these services are specifically appropriated for this purpose by
843 the Legislature, or if funds are voluntarily provided by affected
844 agencies.

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

849 (b) Participation in any disease management
850 program implemented under this paragraph (47) is optional with the



individual. An individual must affirmatively elect to participate in the disease management program in order to participate, and may elect to discontinue participation in the program at any time.

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

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

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

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

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

(51) Upon determination of Medicaid eligibility and in association with annual redetermination of Medicaid eligibility,



beneficiaries shall be encouraged to undertake a physical examination that will establish a base-line level of health and identification of a usual and customary source of care (a medical home) to aid utilization of disease management tools. This physical examination and utilization of these disease management tools shall be consistent with current United States Preventive Services Task Force or other recognized authority recommendations.

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

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

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



901 (54) [Deleted]

902 (55) Therapy services. The plan of care for therapy
903 services may be developed to cover a period of treatment for up to
904 six (6) months, but in no event shall the plan of care exceed a
905 six-month period of treatment. The projected period of treatment
906 must be indicated on the initial plan of care and must be updated
907 with each subsequent revised plan of care. Based on medical
908 necessity, the division shall approve certification periods for
909 less than or up to six (6) months, but in no event shall the
910 certification period exceed the period of treatment indicated on
911 the plan of care. The appeal process for any reduction in therapy
912 services shall be consistent with the appeal process in federal
913 regulations.

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

919 (57) No Medicaid benefit shall restrict coverage for
920 medically appropriate treatment prescribed by a physician and
921 agreed to by a fully informed individual, or if the individual
922 lacks legal capacity to consent by a person who has legal
923 authority to consent on his or her behalf, based on an
924 individual's diagnosis with a terminal condition. As used in this
925 paragraph (57), "terminal condition" means any aggressive



926 malignancy, chronic end-stage cardiovascular or cerebral vascular
927 disease, or any other disease, illness or condition which a
928 physician diagnoses as terminal.

929 (58) Treatment services for persons with opioid
930 dependency or other highly addictive substance use disorders. The
931 division is authorized to reimburse eligible providers for
932 treatment of opioid dependency and other highly addictive
933 substance use disorders, as determined by the division. Treatment
934 related to these conditions shall not count against any physician
935 visit limit imposed under this section.

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

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

944 (a) Payments may only be made to a border city
945 university-affiliated pediatric teaching hospital if the Centers
946 for Medicare and Medicaid Services (CMS) approve an increase in
947 the annual request for the provider payment initiative authorized
948 under 42 CFR Section 438.6(c) in an amount equal to or greater
949 than the estimated annual payment to be made to the border city
950 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 affiliation agreement with an accredited university and other documentation establishing that the hospital is university-affiliated, is licensed and designated as a pediatric hospital or pediatric primary hospital within its home state, maintains at least five (5) different pediatric specialty training programs, and maintains at least one hundred (100) operated beds dedicated exclusively for the treatment of patients under the age of twenty-one (21) years.

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

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



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

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

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

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

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

(b) "Rate change" means an increase, decrease or other change in the payments or rates of reimbursement, or a



1001 change in any payment methodology that results in an increase,
1002 decrease or other change in the payments or rates of
1003 reimbursement, to any Medicaid provider that renders any services
1004 authorized to be provided to Medicaid recipients under this
1005 article.

1006 (2) Whenever the Division of Medicaid proposes a rate
1007 change, the division shall give notice to the chairmen of the
1008 committees at least thirty (30) calendar days before the proposed
1009 rate change is scheduled to take effect. The division shall
1010 furnish the chairmen with a concise summary of each proposed rate
1011 change along with the notice, and shall furnish the chairmen with
1012 a copy of any proposed rate change upon request. The division
1013 also shall provide a summary and copy of any proposed rate change
1014 to any other member of the Legislature upon request.

1015 (3) If the chairman of either committee or both
1016 chairmen jointly object to the proposed rate change or any part
1017 thereof, the chairman or chairmen shall notify the division and
1018 provide the reasons for their objection in writing not later than
1019 seven (7) calendar days after receipt of the notice from the
1020 division. The chairman or chairmen may make written
1021 recommendations to the division for changes to be made to a
1022 proposed rate change.

1023 (4) (a) The chairman of either committee or both
1024 chairmen jointly may hold a committee meeting to review a proposed
1025 rate change. If either chairman or both chairmen decide to hold a



meeting, they shall notify the division of their intention in writing within seven (7) calendar days after receipt of the notice from the division, and shall set the date and time for the meeting in their notice to the division, which shall not be later than fourteen (14) calendar days after receipt of the notice from the division.

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

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

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



1051 (b) If the division does not make any changes to
1052 the proposed rate change, it shall notify the chairmen of that
1053 fact in writing, and the proposed rate change shall take effect on
1054 the original date as scheduled by the division or on such other
1055 date as specified by the division.

1056 (c) If the division makes any changes to the
1057 proposed rate change, the division shall notify the chairmen of
1058 its actions in writing, and the revised proposed rate change shall
1059 take effect on the date as specified by the division.

1060 (7) Nothing in this subsection (D) shall be construed
1061 as giving the chairmen or the committees any authority to veto,
1062 nullify or revise any rate change proposed by the division. The
1063 authority of the chairmen or the committees under this subsection
1064 shall be limited to reviewing, making objections to and making
1065 recommendations for changes to rate changes proposed by the
1066 division.

1067 (E) Notwithstanding any provision of this article, no new
1068 groups or categories of recipients and new types of care and
1069 services may be added without enabling legislation from the
1070 Mississippi Legislature, except that the division may authorize
1071 those changes without enabling legislation when the addition of
1072 recipients or services is ordered by a court of proper authority.

1073 (F) The executive director shall keep the Governor advised
1074 on a timely basis of the funds available for expenditure and the
1075 projected expenditures. Notwithstanding any other provisions of



1076 this article, if current or projected expenditures of the division
1077 are reasonably anticipated to exceed the amount of funds
1078 appropriated to the division for any fiscal year, the Governor,
1079 after consultation with the executive director, shall take all
1080 appropriate measures to reduce costs, which may include, but are
1081 not limited to:

1082 (1) Reducing or discontinuing any or all services that
1083 are deemed to be optional under Title XIX of the Social Security
1084 Act;

1085 (2) Reducing reimbursement rates for any or all service
1086 types;

1087 (3) Imposing additional assessments on health care
1088 providers; or

1089 (4) Any additional cost-containment measures deemed
1090 appropriate by the Governor.

1091 To the extent allowed under federal law, any reduction to
1092 services or reimbursement rates under this subsection (F) shall be
1093 accompanied by a reduction, to the fullest allowable amount, to
1094 the profit margin and administrative fee portions of capitated
1095 payments to organizations described in paragraph (1) of subsection
1096 (H).

1097 Beginning in fiscal year 2010 and in fiscal years thereafter,
1098 when Medicaid expenditures are projected to exceed funds available
1099 for the fiscal year, the division shall submit the expected
1100 shortfall information to the PEER Committee not later than



1101 December 1 of the year in which the shortfall is projected to
1102 occur. PEER shall review the computations of the division and
1103 report its findings to the Legislative Budget Office not later
1104 than January 7 in any year.

1105 (G) Notwithstanding any other provision of this article, it
1106 shall be the duty of each provider participating in the Medicaid
1107 program to keep and maintain books, documents and other records as
1108 prescribed by the Division of Medicaid in accordance with federal
1109 laws and regulations.

1110 (H) (1) Notwithstanding any other provision of this
1111 article, the division is authorized to implement (a) a managed
1112 care program, (b) a coordinated care program, (c) a coordinated
1113 care organization program, (d) a health maintenance organization
1114 program, (e) a patient-centered medical home program, (f) an
1115 accountable care organization program, (g) provider-sponsored
1116 health plan, or (h) any combination of the above programs. As a
1117 condition for the approval of any program under this subsection
1118 (H)(1), the division shall require that no managed care program,
1119 coordinated care program, coordinated care organization program,
1120 health maintenance organization program, or provider-sponsored
1121 health plan may:

1122 (a) Pay providers at a rate that is less than the
1123 Medicaid All Patient Refined Diagnosis Related Groups (APR-DRG)
1124 reimbursement rate;



1125 (b) Override the medical decisions of hospital
1126 physicians or staff regarding patients admitted to a hospital for
1127 an emergency medical condition as defined by 42 US Code Section
1128 1395dd. This restriction (b) does not prohibit the retrospective
1129 review of the appropriateness of the determination that an
1130 emergency medical condition exists by chart review or coding
1131 algorithm, nor does it prohibit prior authorization for
1132 nonemergency hospital admissions;

1133 (c) Pay providers at a rate that is less than the
1134 normal Medicaid reimbursement rate. It is the intent of the
1135 Legislature that all managed care entities described in this
1136 subsection (H), in collaboration with the division, develop and
1137 implement innovative payment models that incentivize improvements
1138 in health care quality, outcomes, or value, as determined by the
1139 division. Participation in the provider network of any managed
1140 care, coordinated care, provider-sponsored health plan, or similar
1141 contractor shall not be conditioned on the provider's agreement to
1142 accept such alternative payment models;

1143 (d) Implement a prior authorization and
1144 utilization review program for medical services, transportation
1145 services and prescription drugs that is more stringent than the
1146 prior authorization processes used by the division in its
1147 administration of the Medicaid program. Not later than December
1148 2, 2021, the contractors that are receiving capitated payments
1149 under a managed care delivery system established under this



subsection (H) shall submit a report to the Chairmen of the House and Senate Medicaid Committees on the status of the prior authorization and utilization review program for medical services, transportation services and prescription drugs that is required to be implemented under this subparagraph (d);

(e) [Deleted]

(f) Implement a preferred drug list that is more stringent than the mandatory preferred drug list established by the division under subsection (A)(9) of this section;

(g) Implement a policy which denies beneficiaries with hemophilia access to the federally funded hemophilia treatment centers as part of the Medicaid Managed Care network of providers.

Each health maintenance organization, coordinated care organization, provider-sponsored health plan, or other organization paid for services on a capitated basis by the division under any managed care program or coordinated care program implemented by the division under this section shall use a clear set of level of care guidelines in the determination of medical necessity and in all utilization management practices, including the prior authorization process, concurrent reviews, retrospective reviews and payments, that are consistent with widely accepted professional standards of care. Organizations participating in a managed care program or coordinated care program implemented by the division may not use any additional



criteria that would result in denial of care that would be determined appropriate and, therefore, medically necessary under those levels of care guidelines.

(2) Notwithstanding any provision of this section, the 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.



1199 (b) The division and the contractors participating
1200 in the managed care program, a coordinated care program or a
1201 provider-sponsored health plan shall be subject to annual program
1202 reviews or audits performed by the Office of the State Auditor,
1203 the PEER Committee, the Department of Insurance and/or independent
1204 third parties.

1205 (c) Those reviews shall include, but not be
1206 limited to, at least two (2) of the following items:

1207 (i) The financial benefit to the State of
1208 Mississippi of the managed care program,

1209 (ii) The difference between the premiums paid
1210 to the managed care contractors and the payments made by those
1211 contractors to health care providers,

1212 (iii) Compliance with performance measures
1213 required under the contracts,

1214 (iv) Administrative expense allocation
1215 methodologies,

1216 (v) Whether nonprovider payments assigned as
1217 medical expenses are appropriate,

1218 (vi) Capitated arrangements with related
1219 party subcontractors,

1220 (vii) Reasonableness of corporate
1221 allocations,

1222 (viii) Value-added benefits and the extent to
1223 which they are used,



1224 (ix) The effectiveness of subcontractor
1225 oversight, including subcontractor review,

1226 (x) Whether health care outcomes have been
1227 improved, and

1228 (xi) The most common claim denial codes to
1229 determine the reasons for the denials.

1230 The audit reports shall be considered public documents and
1231 shall be posted in their entirety on the division's website.

1232 (4) All health maintenance organizations, coordinated
1233 care organizations, provider-sponsored health plans, or other
1234 organizations paid for services on a capitated basis by the
1235 division under any managed care program or coordinated care
1236 program implemented by the division under this section shall
1237 reimburse all providers in those organizations at rates no lower
1238 than those provided under this section for beneficiaries who are
1239 not participating in those programs.

1240 (5) No health maintenance organization, coordinated
1241 care organization, provider-sponsored health plan, or other
1242 organization paid for services on a capitated basis by the
1243 division under any managed care program or coordinated care
1244 program implemented by the division under this section shall
1245 require its providers or beneficiaries to use any pharmacy that
1246 ships, mails or delivers prescription drugs or legend drugs or
1247 devices.



1248 (6) (a) Not later than December 1, 2021, the
1249 contractors who are receiving capitated payments under a managed
1250 care delivery system established under this subsection (H) shall
1251 develop and implement a uniform credentialing process for
1252 providers. Under that uniform credentialing process, a provider
1253 who meets the criteria for credentialing will be credentialed with
1254 all of those contractors and no such provider will have to be
1255 separately credentialed by any individual contractor in order to
1256 receive reimbursement from the contractor. Not later than
1257 December 2, 2021, those contractors shall submit a report to the
1258 Chairmen of the House and Senate Medicaid Committees on the status
1259 of the uniform credentialing process for providers that is
1260 required under this subparagraph (a).

1261 (b) If those contractors have not implemented a
1262 uniform credentialing process as described in subparagraph (a) by
1263 December 1, 2021, the division shall develop and implement, not
1264 later than July 1, 2022, a single, consolidated credentialing
1265 process by which all providers will be credentialed. Under the
1266 division's single, consolidated credentialing process, no such
1267 contractor shall require its providers to be separately
1268 credentialed by the contractor in order to receive reimbursement
1269 from the contractor, but those contractors shall recognize the
1270 credentialing of the providers by the division's credentialing
1271 process.



1272 (c) The division shall require a uniform provider
1273 credentialing application that shall be used in the credentialing
1274 process that is established under subparagraph (a) or (b). If the
1275 contractor or division, as applicable, has not approved or denied
1276 the provider credentialing application within sixty (60) days of
1277 receipt of the completed application that includes all required
1278 information necessary for credentialing, then the contractor or
1279 division, upon receipt of a written request from the applicant and
1280 within five (5) business days of its receipt, shall issue a
1281 temporary provider credential/enrollment to the applicant if the
1282 applicant has a valid Mississippi professional or occupational
1283 license to provide the health care services to which the
1284 credential/enrollment would apply. The contractor or the division
1285 shall not issue a temporary credential/enrollment if the applicant
1286 has reported on the application a history of medical or other
1287 professional or occupational malpractice claims, a history of
1288 substance abuse or mental health issues, a criminal record, or a
1289 history of medical or other licensing board, state or federal
1290 disciplinary action, including any suspension from participation
1291 in a federal or state program. The temporary
1292 credential/enrollment shall be effective upon issuance and shall
1293 remain in effect until the provider's credentialing/enrollment
1294 application is approved or denied by the contractor or division.
1295 The contractor or division shall render a final decision regarding
1296 credentialing/enrollment of the provider within sixty (60) days



1297 from the date that the temporary provider credential/enrollment is
1298 issued to the applicant.

1299 (d) If the contractor or division does not render
1300 a final decision regarding credentialing/enrollment of the
1301 provider within the time required in subparagraph (c), the
1302 provider shall be deemed to be credentialed by and enrolled with
1303 all of the contractors and eligible to receive reimbursement from
1304 the contractors.

1305 (7) (a) Each contractor that is receiving capitated
1306 payments under a managed care delivery system established under
1307 this subsection (H) shall provide to each provider for whom the
1308 contractor has denied the coverage of a procedure that was ordered
1309 or requested by the provider for or on behalf of a patient, a
1310 letter that provides a detailed explanation of the reasons for the
1311 denial of coverage of the procedure and the name and the
1312 credentials of the person who denied the coverage. The letter
1313 shall be sent to the provider in electronic format.

1314 (b) After a contractor that is receiving capitated
1315 payments under a managed care delivery system established under
1316 this subsection (H) has denied coverage for a claim submitted by a
1317 provider, the contractor shall issue to the provider within sixty
1318 (60) days a final ruling of denial of the claim that allows the
1319 provider to have a state fair hearing and/or agency appeal with
1320 the division. If a contractor does not issue a final ruling of
1321 denial within sixty (60) days as required by this subparagraph



1322 (b), the provider's claim shall be deemed to be automatically
1323 approved and the contractor shall pay the amount of the claim to
1324 the provider.

1325 (c) After a contractor has issued a final ruling
1326 of denial of a claim submitted by a provider, the division shall
1327 conduct a state fair hearing and/or agency appeal on the matter of
1328 the disputed claim between the contractor and the provider within
1329 sixty (60) days, and shall render a decision on the matter within
1330 thirty (30) days after the date of the hearing and/or appeal.

1331 (8) It is the intention of the Legislature that the
1332 division evaluate the feasibility of using a single vendor to
1333 administer pharmacy benefits provided under a managed care
1334 delivery system established under this subsection (H). Providers
1335 of pharmacy benefits shall cooperate with the division in any
1336 transition to a carve-out of pharmacy benefits under managed care.

1337 (9) The division shall evaluate the feasibility of
1338 using a single vendor to administer dental benefits provided under
1339 a managed care delivery system established in this subsection (H).
1340 Providers of dental benefits shall cooperate with the division in
1341 any transition to a carve-out of dental benefits under managed
1342 care.

1343 (10) It is the intent of the Legislature that any
1344 contractor receiving capitated payments under a managed care
1345 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 under a managed care delivery system established under this subsection (H) shall provide to the Chairmen of the House and Senate Medicaid Committees and House and Senate Public Health Committees a report of LARC utilization for State Fiscal Years 2018 through 2020 as well as any programs, initiatives, or efforts made by the contractors and providers to increase LARC utilization. This report shall be updated annually to include information for subsequent state fiscal years.

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



1370 shall be revised to incorporate any provisions of this subsection
1371 (H).

1372 (I) [Deleted]

1373 (J) There shall be no cuts in inpatient and outpatient
1374 hospital payments, or allowable days or volumes, as long as the
1375 hospital assessment provided in Section 43-13-145 is in effect.
1376 This subsection (J) shall not apply to decreases in payments that
1377 are a result of: reduced hospital admissions, audits or payments
1378 under the APR-DRG or APC models, or a managed care program or
1379 similar model described in subsection (H) of this section.

1380 (K) In the negotiation and execution of such contracts
1381 involving services performed by actuarial firms, the Executive
1382 Director of the Division of Medicaid may negotiate a limitation on
1383 liability to the state of prospective contractors.

1384 (L) The Division of Medicaid shall reimburse for services
1385 provided to eligible Medicaid beneficiaries by a licensed birthing
1386 center in a method and manner to be determined by the division in
1387 accordance with federal laws and federal regulations. The
1388 division shall seek any necessary waivers, make any required
1389 amendments to its State Plan or revise any contracts authorized
1390 under subsection (H) of this section as necessary to provide the
1391 services authorized under this subsection. As used in this
1392 subsection, the term "birthing centers" shall have the meaning as
1393 defined in Section 41-77-1(a), which is a publicly or privately
1394 owned facility, place or institution constructed, renovated,



1395 leased or otherwise established where nonemergency births are
1396 planned to occur away from the mother's usual residence following
1397 a documented period of prenatal care for a normal uncomplicated
1398 pregnancy which has been determined to be low risk through a
1399 formal risk-scoring examination.

1400 (M) This section shall stand repealed on July 1, 2028.

1401 **SECTION 4.** Section 47-5-579, Mississippi Code of 1972, is
1402 amended as follows:

1403 47-5-579. (1) (a) The corporation shall operate a work
1404 initiative at the Central Mississippi Correctional Facility, South
1405 Mississippi Correctional Institution, Mississippi State
1406 Penitentiary and the Mississippi Correctional Institute for Women,
1407 and is authorized, in its discretion, to create a work initiative
1408 at any other correctional facility listed in Section 47-5-539(d).
1409 In lieu of a work initiative created by the corporation, the
1410 warden or superintendent or sheriff at any regional and private
1411 facility listed in Section 47-5-539 is authorized to create a work
1412 initiative at their respective facility consistent with the
1413 provisions and requirements of this section. Each initiative
1414 shall be limited to no more than twenty-five (25) inmates in the
1415 state, regional or private facility at any given time.

1416 (b) The department, with regard to a work initiative in
1417 an MDOC facility, shall:

1418 (i) Have the ultimate authority for oversight of
1419 the administration of the initiative;



1420 (ii) Delegate the administration of the initiative
1421 to the corporation; and

1422 (iii) Oversee the selection of inmates for
1423 admission to the initiative.

1424 (c) The sheriff, with regard to a work initiative at a
1425 regional facility, shall:

1426 (i) Have the ultimate authority for oversight of
1427 the administration of the initiative;

1428 (ii) Oversee the selection of inmates for
1429 admission to the initiative; and

1430 (iii) Work with the department and the corporation
1431 to establish guidelines for the initiative and develop a report
1432 thereon.

1433 (2) (a) An inmate is eligible for participation in the
1434 initiative if the inmate has:

1435 (i) No more than two (2) years remaining on the
1436 inmate's sentence;

1437 (ii) Not been convicted under Section 97-9-49
1438 within the last five (5) years; and

1439 (iii) Not been sentenced for a sex offense as
1440 defined in Section 45-33-23(h).

1441 (b) Any inmate who meets the eligibility requirements
1442 of paragraph (a) may request assignment to a work initiative
1443 established under this section.



1444 (3) (a) The commissioner, in the case of MDOC facilities,
1445 or the warden, superintendent, sheriff or similar leader in the
1446 case of regional and private facilities, shall select inmates for
1447 admission to the program.

1448 (b) An inmate currently participating in vocational
1449 training or a soft skills training program at a facility
1450 authorized to operate a work initiative shall have priority in
1451 admission to the program.

1452 (4) (a) The chief executive officer, in the case of MDOC
1453 facilities, or the warden, superintendent, sheriff or similar
1454 leader in the case of regional and private facilities, may
1455 authorize the inmate to participate in educational or other
1456 rehabilitative programs designed to supplement his work initiative
1457 employment or to prepare the person for successful reentry.

1458 (b) Before accepting any participants to the program,
1459 the corporation, in consultation with the department, shall adopt
1460 and publish rules and regulations to effectuate this section no
1461 later than six (6) months after the effective date of this
1462 section. These rules and regulations shall include all protection
1463 requirements for work release programs established pursuant to
1464 Sections 47-5-451 through 47-5-471.

1465 (5) Participating employers shall pay no less than the
1466 prevailing wage for the position and shall under no circumstance
1467 pay less than the federal minimum wage.



1468 (6) Any inmate assigned to the initiative who, without
1469 proper authority or just cause, leaves the area to which he has
1470 been assigned to work or attend educational or other
1471 rehabilitative programs, or leaves the vehicle or route of travel
1472 involved in his or her going to or returning from such place, will
1473 be guilty of escape as provided in Section 97-9-49. An offender
1474 who is convicted under Section 97-9-49 shall be ineligible for
1475 further participation in the work initiative during his or her
1476 current term of confinement.

1477 (7) (a) The inmate shall maintain an account through a
1478 local financial institution and shall provide a copy of a check
1479 stub to the chief executive officer, the warden, the
1480 superintendent or the sheriff at a regional facility, as the case
1481 may be.

1482 (b) The inmate shall be required:

1483 (i) To pay twenty-five percent (25%) of the
1484 inmate's wages after mandatory deductions for the following
1485 purposes:

1486 1. To pay support of dependents or to the
1487 Mississippi Department of Human Services on behalf of dependents
1488 as may be ordered by a judge of competent jurisdiction; and

1489 2. To pay any fines, restitution, or costs as
1490 ordered by the court to include any fines and fees associated with
1491 obtaining a valid driver's license upon release.



1492 (ii) To pay fifteen percent (15%) of the inmate's
1493 wages after mandatory deductions to the corporation for
1494 administrative expenses to include transportation costs to be
1495 remitted to the state, regional or private facility where the
1496 inmate is housed. In the case of state facilities, the
1497 administrative expense reimbursement shall be paid to the
1498 corporation; in the case of regional facilities, the
1499 administrative expense reimbursement shall be paid to the
1500 sheriff's department; in the case of private facilities the
1501 administrative expense reimbursement shall be paid to the
1502 contractor overseeing the facility.

1503 (iii) To save fifty percent (50%) of the inmate's
1504 wages after mandatory reductions in the account required under
1505 paragraph (a) of this subsection. Monies under this subparagraph
1506 shall be made available to the inmate upon parole or release.

1507 (c) The inmate shall have access to the remaining ten
1508 percent (10%) of the monies in the inmate's account to purchase
1509 incidental expenses.

1510 (d) Any monies remaining under paragraph (a) of this
1511 subsection after all mandatory deductions are paid, shall be
1512 deposited in the inmate's account established under this
1513 subsection. Any monies remaining upon release in paragraph (c) of
1514 this subsection shall be released to the inmate.

1515 (8) The chief executive officer of the corporation shall
1516 collect and maintain data which shall be shared semiannually with



1517 the Joint Legislative Committee on Performance Evaluation and
1518 Expenditure Review (PEER) and the Corrections and Criminal Justice
1519 Oversight Task Force in sortable electronic format. The first
1520 report shall be made on January 15, 2023, and in six-month
1521 intervals thereafter unless PEER establishes a different schedule.

1522 The data shall include:

1523 (a) Total number of participants at the end of each
1524 month by race, gender, and offenses charged;

1525 (b) Total number of participants who began the program
1526 in each month by race, gender, and offenses charged;

1527 (c) Total number of participants who successfully
1528 completed the program in each month by race, gender, and offenses
1529 charged;

1530 (d) Total number of participants who left the program
1531 in each month and reason for leaving by race, gender, and offenses
1532 charged;

1533 (e) Total number of participants who were arrested for
1534 a new criminal offense while in the program in each month by race,
1535 gender and offenses charged;

1536 (f) Total number of participants who were convicted of
1537 a new crime while in the program in each month by race, gender and
1538 offenses charged;

1539 (g) Total number of participants who completed the
1540 program and were convicted of a new crime within three (3) years
1541 of completing the program;



1542 (h) Total amount earned by participants and how the
1543 earnings were distributed in each month;

1544 (i) Results of any initial risk and needs assessments
1545 conducted on each participant by race, gender, and offenses
1546 charged;

1547 (j) List of participating employers;

1548 (k) List of jobs acquired by participants;

1549 (l) List of the hourly wage paid to each participant;

1550 (m) Accounting of the manner and use of the * * *
1551 fifteen percent (15%) of the wages paid to the corporation by the
1552 inmate for administrative expenses;

1553 (n) Total costs associated with program operations;

1554 (o) List of participating financial institutions;

1555 (p) * * * Participating financial institutions, which
1556 must collect, maintain and report the create date for financial
1557 accounts opened by work initiative participants;

1558 (q) The average hourly wage earned in the
1559 program; * * *

1560 (r) The accounting of any dependent support payments,
1561 fines, restitutions, fees or costs as ordered by the court for
1562 each work initiative participant;

1563 (s) The collection, maintenance and reporting of the
1564 remaining sentence length of work initiative participants;

1565 (* * *t) Any other data or information as requested by
1566 the task force.



1567 (9) The Joint Legislative Committee on Performance
1568 Evaluation and Expenditure Review (PEER) shall conduct a review of
1569 the initiative, including any expansion of the initiative
1570 authorized under this section, and produce an annual report to the
1571 Legislature on their effectiveness by January 1 of each year. The
1572 PEER Committee shall seek the assistance of the Corrections and
1573 Criminal Justice Task Force and may seek assistance from any other
1574 criminal justice experts it deems necessary during its review.

1575 **SECTION 5.** Section 1, Chapter 431, Laws of 2024, is amended
1576 as follows:

1577 Section 1. (1) There is hereby established the "Mississippi
1578 K-12 and Postsecondary Mental Health Task Force," created to
1579 address growing concerns related to student mental health. The
1580 goal of the task force shall include, but not be limited to,
1581 drawing on available data to determine challenges in Mississippi
1582 as it relates to the mental health of students ranging from K-12
1583 through the community college and university systems; assessing
1584 public and private resources currently available to students who
1585 need help managing mental health issues; assessing training and
1586 procedures in place for teachers, school district personnel and
1587 community college and university personnel; and determining where
1588 gaps exist in training and resources; exploring partnerships
1589 across communities to better serve students; and examining
1590 successful programs in Mississippi and across the nation. The
1591 task force shall develop recommendations to the Legislature on



1592 changes to policy and laws in Mississippi with a goal of better
1593 identifying students at all levels struggling with mental health
1594 issues; training school, community college and university
1595 personnel related to student mental health, and thus improving
1596 health outcomes and the probability of student success.

1597 (2) The members of the task force shall be as follows:

1598 (a) The Chairmen of the Education Committees of the
1599 Mississippi Senate and the Mississippi House of Representatives,
1600 or their designees from their respective committee membership;

1601 (b) The Chairmen of the Medicaid Committees of the
1602 Mississippi Senate and the Mississippi House of Representatives,
1603 or their designees from their respective committee membership;

1604 (c) The Chairmen of the Universities and Colleges
1605 Committees of the Mississippi Senate and the Mississippi House of
1606 Representatives, or their designees from their respective
1607 committee membership;

1608 (d) The Superintendent of the Mississippi Department of
1609 Education, or his or her designee;

1610 (e) The Executive Director of the Mississippi
1611 Department of Mental Health, or his or her designee;

1612 (f) The Director of the Mississippi Division of
1613 Medicaid, or his or her designee;

1614 (g) The State Health Officer of the Mississippi
1615 Department of Health, or his or her designee;



1616 (h) One (1) psychiatrist with expertise in treating
1617 children to be appointed by the Governor;

1618 (i) One (1) clinical psychologist with expertise in
1619 treating children appointed by the Lieutenant Governor;

1620 (j) One (1) school psychologist employed or contracted
1621 by a Mississippi Public School District, to be named by the
1622 Mississippi Association of Psychologists in the Schools;

1623 (k) One (1) public school teacher appointed by the
1624 Governor;

1625 (l) One (1) employee of a university counseling center,
1626 or a person otherwise responsible for coordinating or providing
1627 student mental health services on campus, appointed by the
1628 Governor;

1629 (m) One (1) public school counselor appointed by the
1630 Lieutenant Governor;

1631 (n) One (1) employee of a community college counseling
1632 center, or a person responsible for coordinating or providing
1633 student mental health services on campus, appointed by the
1634 Lieutenant Governor;

1635 (o) One (1) school nurse employed in a Mississippi
1636 public school to be appointed by the Superintendent of Education;

1637 (p) One (1) employee of a non-profit provider of mental
1638 and behavioral health services to youth, appointed by the
1639 Lieutenant Governor;



1640 (q) One (1) employee of a community mental health
1641 provider that provides services to a Mississippi public
1642 school * * *, appointed by the Governor;

1643 (r) One (1) member of the Mississippi Youth Council,
1644 selected by the members of the council;

1645 (s) One (1) family advocacy representative to be
1646 appointed by the Executive Director of the Mississippi Coalition
1647 for Citizens with Disabilities; and

1648 (t) The Chairmen of the Public Health Committees of the
1649 Mississippi Senate and the Mississippi House of Representatives,
1650 or their designees from their respective committee membership.

1651 (3) The task force shall meet within forty-five (45) days of
1652 the effective date of this act and shall evaluate the current
1653 data, resources, and laws and policies of the State of
1654 Mississippi. Specifically, the task force shall:

1655 (a) Collect and analyze publicly available data and
1656 statistics related to the current state of student mental health,
1657 K-12 through the community college and university level;

1658 (b) Explore the impact of trauma and mental health
1659 issues on student behavior, dropout and graduation rates, academic
1660 achievement, employment and related issues;

1661 (c) Evaluate currently available resources for
1662 addressing student mental health including, but not limited to,
1663 partnerships with nonprofits or experts, telehealth opportunities,
1664 inpatient and outpatient resources;



1665 (d) Review mental health training and professional
1666 development provided to K-12 school personnel and school personnel
1667 at community colleges and universities for classroom management,
1668 identification, referral, intervention and prevention;

1669 (e) Evaluate successful strategies for addressing
1670 challenges in student mental health in Mississippi and across the
1671 nation;

1672 (f) Review the current workforce landscapes as it
1673 relates to psychologists, nurses, counselors, behavior
1674 interventionists and others who work in schools, community
1675 colleges and universities, and consider strategies to recruit
1676 sufficient personnel if there are workforce strategies;

1677 (g) Explore the effect of a multi-tiered wellness
1678 program that is conducive to growth, achievement, cultivating
1679 resilience, motivation and culturally sensitive personal
1680 development; and

1681 (h) Review any other matters related to the above
1682 issues or student mental health in Mississippi.

1683 (4) The task force may request the assistance of the
1684 Mississippi Department of Education, Mississippi Community College
1685 Board, Mississippi Institutions of Higher Learning, Mississippi
1686 Department of Health, the Mississippi Department of Mental Health,
1687 the University of Mississippi School of Medicine; the Mississippi
1688 Division of Medicaid or any other related agency, entity or



organization with expertise in student mental health issues and services.

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

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

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

SECTION 6. (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



1714 (ICCCY), which shall include the following executive directors or
1715 administrators, or their designees, with experience in mental
1716 health, student performance or other relevant areas, from the
1717 ICCCY as provided in Section 43-14-1:

1718 (a) The State Superintendent of Public Education;

1719 (b) The Commissioner of the State Institutions of
1720 Higher Learning;

1721 (c) The Executive Director of the Mississippi Community
1722 College Board;

1723 (d) The Executive Director of the Mississippi
1724 Department of Mental Health; and

1725 (e) An employee of the Mississippi Department of
1726 Health, appointed by the State Health Officer, with relevant
1727 mental health experience.

1728 (3) The ICCCY Executive Committee shall have the following
1729 coordinating responsibilities related to the general mental health
1730 and well-being of children and adolescents:

1731 (a) Evaluating relevant personnel, including, but not
1732 limited to, school nurses, counselors and school psychologists,
1733 and examining the school's or district's relationship with its
1734 community mental health center or other private providers to
1735 recommend best practices for mental health resources and
1736 infrastructure for underperforming public schools or districts, as
1737 identified by the State Superintendent of Public Education;



1738 (b) Identifying key public school and district
1739 personnel and community college and university personnel,
1740 including, but not limited to, teachers, healthcare providers,
1741 counselors and resident assistants, to receive mental health first
1742 aid training that is evidence-based and approved by the Department
1743 of Mental Health;

1744 (c) Identifying and developing age-appropriate
1745 information and materials to distribute information regarding
1746 mental health and well-being at student orientations at public
1747 schools, universities and community colleges, or assemblies for
1748 parents and caretakers of students and other relevant members of
1749 the community who may interact with students;

1750 (d) Developing guidance for public schools and
1751 districts, universities and community colleges regarding
1752 age-appropriate mental health screening resources and other
1753 information for students, including 988 suicide and crisis hotline
1754 information;

1755 (e) Developing guidelines to help public schools and
1756 districts, universities and community colleges partner with
1757 community mental health centers, including crisis intervention
1758 teams, or private providers to provide services to students;

1759 (f) Compiling a master report by October 1, 2025, of
1760 all partially or fully state-funded programs related to improving
1761 the mental health and well-being of children and adolescents. The
1762 ICCCY Executive Committee, working together with other relevant



1763 agencies and organizations, shall be responsible for updating the
1764 report annually by October 1 of each year. The report shall be
1765 transmitted to the Lieutenant Governor, the Speaker of the House,
1766 the Chair of the Senate Public Health and Welfare Committee, the
1767 Chair of the House Public Health and Human Services Committee, the
1768 Chair of the Senate Appropriations Committee, and the Chair of the
1769 House Appropriations "A" Committee by November 1 each year;

1770 (g) Developing an internet-based mental health resource
1771 guide for public schools by August 1, 2025. Beginning in the
1772 2025-2026 school year, public school districts shall include a
1773 visible mental health resource navigation link on the home page of
1774 their website to include the resource guide developed by the ICCCY
1775 Executive Committee; and

1776 (h) Engaging in other coordinated efforts from time to
1777 time in an effort to update resources and information related to
1778 mental health and well-being for students at public schools,
1779 universities and community colleges.

1780 (4) (a) All recommendations and information compiled by the
1781 executive committee shall be provided to the State Board of
1782 Education, State Institutions of Higher Learning and Mississippi
1783 Community College Board, as appropriate, which shall disseminate
1784 such information to relevant employees in public school districts,
1785 universities and community colleges.

1786 (b) All recommendations and information compiled by the
1787 executive committee shall also be provided to the ICCCY,



1788 Mississippi State Early Childhood Advisory Council, and any other
1789 agency, board, commission or council created by statute which the
1790 ICCCY Executive Committee identifies as relevant.

1791 **SECTION 7.** Section 43-14-1, Mississippi Code of 1972, is
1792 amended as follows:

1793 43-14-1. (1) The purpose of this chapter is to provide for
1794 the development, implementation and oversight of a coordinated
1795 interagency system of necessary services and care for children and
1796 youth, called the Mississippi Statewide System of Care, up to age
1797 twenty-one (21) with serious emotional/behavioral disorders
1798 including, but not limited to, conduct disorders, or mental
1799 illness who require services from a multiple services and multiple
1800 programs system, and who can be successfully diverted from
1801 inappropriate institutional placement. The Mississippi Statewide
1802 System of Care is to be conducted in the most fiscally responsible
1803 (cost-efficient) manner possible, based on an individualized plan
1804 of care which takes into account other available interagency
1805 programs, including, but not limited to, Early Intervention Act of
1806 Infants and Toddlers, Section 41-87-1 et seq., Early Periodic
1807 Screening Diagnosis and Treatment, Section 43-13-117(A) (5),
1808 waived program for home- and community-based services for
1809 developmentally disabled people, Section 43-13-117(A) (29), and
1810 waived program for targeted case management services for
1811 children with special needs, Section 43-13-117(A) (31), those
1812 children identified through the federal Individuals with



1813 Disabilities Education Act of 1997 as having a serious emotional
1814 disorder (EMD), the Mississippi Children's Health Insurance
1815 Program and waived programs for children with serious emotional
1816 disturbances, Section 43-13-117(A)(46), and is tied to clinically
1817 and functionally appropriate outcomes. Some of the outcomes are
1818 to reduce the number of inappropriate out-of-home placements
1819 inclusive of those out-of-state and to reduce the number of
1820 inappropriate school suspensions and expulsions for this
1821 population of children. This coordinated interagency system of
1822 necessary services and care shall be named the Mississippi
1823 Statewide System of Care. Children to be served by this chapter
1824 who are eligible for Medicaid shall be screened through the
1825 Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT)
1826 and their needs for medically necessary services shall be
1827 certified through the EPSDT process. For purposes of this
1828 chapter, the Mississippi Statewide System of Care is defined as a
1829 coordinated network of agencies and providers working as a team to
1830 make a full range of mental health and other necessary services
1831 available as needed by children with mental health problems and
1832 their families. The Mississippi Statewide System of Care shall
1833 be:

- 1834 (a) Child centered, family focused, family driven and
1835 youth guided;
1836 (b) Community based;



1837 (c) Culturally competent and responsive; and shall
1838 provide for:

1839 (i) Service coordination or case management;
1840 (ii) Prevention and early identification and
1841 intervention;
1842 (iii) Smooth transitions among agencies and
1843 providers, and to the transition-age and adult service systems;
1844 (iv) Human rights protection and advocacy;
1845 (v) Nondiscrimination in access to services;
1846 (vi) A comprehensive array of services composed of
1847 treatment and informal supports that are identified as best
1848 practices and/or evidence-based practices;
1849 (vii) Individualized service planning that uses a
1850 strengths-based, wraparound process;
1851 (viii) Services in the least restrictive
1852 environment;
1853 (ix) Family participation in all aspects of
1854 planning, service delivery and evaluation; and
1855 (x) Integrated services with coordinated planning
1856 across child-serving agencies.

1857 Mississippi Statewide System of Care services shall be
1858 timely, intensive, coordinated and delivered in the community.
1859 Mississippi Statewide System of Care services shall include, but
1860 not be limited to, the following:



1861 (a) Comprehensive crisis and emergency response
1862 services;
1863 (b) Intensive case management;
1864 (c) Day treatment;
1865 (d) Alcohol and drug abuse group services for youth;
1866 (e) Individual, group and family therapy;
1867 (f) Respite services;
1868 (g) Supported employment services for youth;
1869 (h) Family education and support and family partners;
1870 (i) Youth development and support and youth partners;
1871 (j) Positive behavioral supports (PBIS) in schools;
1872 (k) Transition-age supported and independent living
1873 services; and
1874 (l) Vocational/technical education services for youth.
1875 (2) There is established the Interagency Coordinating
1876 Council for Children and Youth (hereinafter referred to as the
1877 "ICCCY"). The ICCCY shall consist of the following membership:
1878 (a) The State Superintendent of Public Education;
1879 (b) The Executive Director of the Mississippi
1880 Department of Mental Health;
1881 (c) The Executive Director of the State Department of
1882 Health;
1883 (d) The Executive Director of the Department of Human
1884 Services;



1885 (e) The Executive Director of the Division of Medicaid,
1886 Office of the Governor;
1887 (f) The Executive Director of the State Department of
1888 Rehabilitation Services;
1889 (g) The Executive Director of Mississippi Families as
1890 Allies for Children's Mental Health, Inc.;
1891 (h) The Commissioner of Child Protection Services;
1892 (i) The Attorney General;
1893 (j) A family member of a child or youth in the
1894 population named in this chapter designated by Mississippi
1895 Families as Allies;
1896 (k) A youth or young adult in the population named in
1897 this chapter designated by Mississippi Families as Allies;
1898 (l) A local MAP team coordinator designated by the
1899 Department of Mental Health;
1900 (m) A child psychiatrist experienced in the public
1901 mental health system designated by the Mississippi Psychiatric
1902 Association;
1903 (n) An individual with expertise and experience in
1904 early childhood education designated jointly by the Department of
1905 Mental Health and Mississippi Families as Allies;
1906 (o) A representative of an organization that advocates
1907 on behalf of disabled citizens in Mississippi designated by the
1908 Department of Mental Health; * * *



1909 (p) A faculty member or dean from a Mississippi
1910 university specializing in training professionals who work in the
1911 Mississippi Statewide System of Care designated by the Board of
1912 Trustees of State Institutions of Higher Learning * * *;

1913 (q) The Commissioner of the State Institutions of
1914 Higher Learning;

1915 (r) The Executive Director of the Mississippi Community
1916 College Board; and

1917 (s) An employee of the Mississippi Department of
1918 Health, appointed by the State Health Officer, with relevant
1919 mental health experience.

1920 If a member of the council designates a representative to
1921 attend council meetings, the designee shall bring full
1922 decision-making authority of the member to the meeting. The
1923 council shall select a chairman, who shall serve for a one-year
1924 term and may not serve consecutive terms. The council shall adopt
1925 internal organizational procedures necessary for efficient
1926 operation of the council. Each member of the council shall
1927 designate necessary staff of their departments to assist the ICCCY
1928 in performing its duties and responsibilities. The ICCCY shall
1929 meet and conduct business at least twice annually. The chairman
1930 of the ICCCY shall notify all ICCCY members and all other persons
1931 who request such notice as to the date, time, place and draft
1932 agenda items for each meeting.



1933 (3) The Interagency System of Care Council (ISCC) is created
1934 to serve as the state management team for the ICCCY, with the
1935 responsibility of collecting and analyzing data and funding
1936 strategies necessary to improve the operation of the Mississippi
1937 Statewide System of Care, and to make recommendations to the ICCCY
1938 and to the Legislature concerning such strategies on, at a
1939 minimum, an annual basis. The System of Care Council also has the
1940 responsibility of coordinating the local Multidisciplinary
1941 Assessment and Planning (MAP) teams and "A" teams and may apply
1942 for grants from public and private sources necessary to carry out
1943 its responsibilities. The Interagency System of Care Council
1944 shall be comprised of one (1) member from each of the appropriate
1945 child-serving divisions or sections of the State Department of
1946 Health, the Department of Human Services (Division of Youth
1947 Services), the Department of Child Protection Services, the State
1948 Department of Mental Health (Division of Children and Youth,
1949 Bureau of Alcohol and Drug Abuse, and Bureau of Intellectual and
1950 Developmental Disabilities), the State Department of Education
1951 (Office of Special Education and Office of Healthy Schools), the
1952 Division of Medicaid of the Governor's Office, the Department of
1953 Rehabilitation Services, and the Attorney General's office.
1954 Additional members shall include a family member of a child, youth
1955 or transition-age youth representing a family education and
1956 support 501(c)(3) organization, working with the population named
1957 in this chapter designated by Mississippi Families as Allies, an



1958 individual with expertise and experience in early childhood
1959 education designated jointly by the Department of Mental Health
1960 and Mississippi Families as Allies, a local MAP team
1961 representative and a local "A" team representative designated by
1962 the Department of Mental Health, a probation officer designated by
1963 the Department of Corrections, a family member and youth or young
1964 adult designated by Mississippi Families as Allies for Children's
1965 Mental Health, Inc., (MSFAA), and a family member other than a
1966 MSFAA representative to be designated by the Department of Mental
1967 Health and the Director of the Compulsory School Attendance
1968 Enforcement of the State Department of Education. Appointments to
1969 the Interagency System of Care Council shall be made within sixty
1970 (60) days after June 30, 2010. The council shall organize by
1971 selecting a chairman from its membership to serve on an annual
1972 basis, and the chairman may not serve consecutive terms.

1973 (4) (a) As part of the Mississippi Statewide System of
1974 Care, there is established a statewide system of local
1975 Multidisciplinary Assessment, Planning and Resource (MAP) teams.
1976 The MAP teams shall be comprised of one (1) representative each at
1977 the county level from the major child-serving public agencies for
1978 education, human services, health, mental health and
1979 rehabilitative services approved by respective state agencies of
1980 the Department of Education, the Department of Human Services, the
1981 Department of Child Protection Services, the Department of Health,
1982 the Department of Mental Health and the Department of



1983 Rehabilitation Services. These agencies shall, by policy,
1984 contract or regulation require participation on MAP teams and "A"
1985 teams at the county level by the appropriate staff. Three (3)
1986 additional members may be added to each team, one (1) of which may
1987 be a representative of a family education/support 501(c)(3)
1988 organization with statewide recognition and specifically
1989 established for the population of children defined in Section
1990 43-14-1. The remaining members will be representatives of
1991 significant community-level stakeholders with resources that can
1992 benefit the population of children defined in Section 43-14-1.
1993 The Department of Education shall assist in recruiting and
1994 identifying parents to participate on MAP teams and "A" teams.

1995 (b) For each local existing MAP team that is
1996 established pursuant to paragraph (a) of this subsection, there
1997 shall also be established an "A" (Adolescent) team which shall
1998 work with a MAP team. The "A" teams shall provide System of Care
1999 services for youthful offenders who have serious behavioral or
2000 emotional disorders. Each "A" team shall be comprised of, at a
2001 minimum, the following five (5) members:

2002 (i) A school counselor, mental health therapist or
2003 social worker;

2004 (ii) A community mental health professional;

2005 (iii) A social services/child welfare
2006 professional;

2007 (iv) A youth court counselor; and



2008 (v) A parent who had a child in the juvenile
2009 justice system.

2010 (c) The Interagency Coordinating Council for Children
2011 and Youth and the Interagency System of Care Council shall work to
2012 develop MAP teams statewide that will serve to become the single
2013 point of entry for children and youth about to be placed in
2014 out-of-home care for reasons other than parental abuse/neglect.

2015 (5) The Interagency Coordinating Council for Children and
2016 Youth may provide input to one another and to the ISCC relative to
2017 how each agency utilizes its federal and state statutes, policy
2018 requirements and funding streams to identify and/or serve children
2019 and youth in the population defined in this section. The ICCCY
2020 shall support the implementation of the plans of the respective
2021 state agencies for comprehensive, community-based,
2022 multidisciplinary care, treatment and placement of these children.

2023 (6) The ICCCY shall oversee a pool of state funds that may
2024 be contributed by each participating state agency and additional
2025 funds from the Mississippi Tobacco Health Care Expenditure Fund,
2026 subject to specific appropriation therefor by the Legislature.
2027 Part of this pool of funds shall be available for increasing the
2028 present funding levels by matching Medicaid funds in order to
2029 increase the existing resources available for necessary
2030 community-based services for Medicaid beneficiaries.



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

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

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

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

SECTION 8. Section 43-14-3, Mississippi Code of 1972, is brought forward as follows:



2055 43-14-3. In addition to the specific authority provided in
2056 Section 43-14-1, the powers and responsibilities of the
2057 Interagency Coordinating Council for Children and Youth shall be
2058 as follows:

2059 (a) To serve in an advisory capacity and to provide
2060 state level leadership and oversight to the development of the
2061 Mississippi Statewide System of Care; and

2062 (b) To insure the creation and availability of an
2063 annual pool of funds from each participating agency member of the
2064 ICCCY that includes the amount to be contributed by each agency
2065 and a process for utilization of those funds.

2066 **SECTION 9.** Section 43-14-5, Mississippi Code of 1972, is
2067 brought forward as follows:

2068 43-14-5. There is created in the State Treasury a special
2069 fund into which shall be deposited all funds contributed by the
2070 Department of Human Services, Department of Child Protection
2071 Services, State Department of Health, Department of Mental Health
2072 and State Department of Rehabilitation Services insofar as
2073 recipients are otherwise eligible under the Rehabilitation Act of
2074 1973, as amended, and State Department of Education for the
2075 operation of a statewide System of Care by MAP teams and "A" teams
2076 utilizing such funds as may be made available to those MAP teams
2077 through a Request for Proposal (RFP) approved by the ICCCY.

2078 **SECTION 10.** Section 25 of this act shall be codified in
2079 Chapter 14, Title 43, Mississippi Code of 1972.



2080 **SECTION 11.** The following shall be codified as Section
2081 5-3-70, Mississippi Code of 1972:

2082 5-3-70. (1) (a) As an alternative to a criminal proceeding
2083 as provided in Section 53-3-59, in any instance wherein a witness
2084 fails to respond to the lawful subpoena of the PEER Committee at
2085 any time or, having responded, fails to answer all lawful
2086 inquiries or to turn over evidence that has been subpoenaed, the
2087 committee may seek judicial enforcement of the process as provided
2088 in paragraph (b) of this subsection.

2089 (b) The chairman, in the name of the committee, may
2090 file a complaint before any chancery court of the state setting up
2091 such failure on the part of the witness. On the filing of such a
2092 complaint, the court shall take jurisdiction of the witness and
2093 the subject matter of the complaint and shall direct the witness
2094 to respond to all lawful questions and to produce all documentary
2095 evidence in the possession of the witness that is lawfully
2096 demanded. The failure of a witness to comply with the order of
2097 the court constitutes contempt of court and the court shall punish
2098 the witness as provided in Section 9-1-17.

2099 (c) The PEER Committee may utilize the Office of the
2100 Attorney General to bring a civil enforcement action or may
2101 utilize contract counsel to commence an enforcement action
2102 authorized in this subsection.

2103 (2) The provisions of this section are hereby declared to be
2104 supplemental to the powers of the Legislature and of the Senate



2105 and House of Representatives to punish for contempt, and the
2106 Legislature hereby reserves to itself and to the Senate and the
2107 House of Representatives all inherent and all constitutional
2108 powers to punish for contempt.

2109 **SECTION 12.** Section 5-3-59, Mississippi Code of 1972, is
2110 amended as follows:

2111 5-3-59. (1) The committee, while in the discharge of
2112 official duties, shall have the following additional powers:

2113 (a) To subpoena and examine witnesses; to require the
2114 appearance of any person and the production of any paper or
2115 document; to order the appearance of any person for the purpose of
2116 producing any paper or document; and to issue all process
2117 necessary to compel such appearance or production. When such
2118 process has been served, the committee may compel obedience
2119 thereto by the attachment of the person, papers or records
2120 subpoenaed; and if any person shall willfully refuse to appear
2121 before such committee or to produce any paper or record in
2122 obedience to any process issued by the committee and served on
2123 that person, he or she shall be guilty of contempt of the * * *
2124 committee, and shall be punished by a fine of not more than One
2125 Thousand Dollars (\$1,000.00), by imprisonment in the county jail
2126 for not more than six (6) months, or both.

2127 (b) To administer oaths to witnesses appearing before
2128 the committee when, by a majority vote, the committee deems the



2129 administration of an oath necessary and advisable as provided by
2130 law.

2131 (c) To determine that a witness has perjured himself or
2132 herself by testifying falsely before the committee, and to
2133 institute penal proceedings as provided by law.

2134 (2) (a) Whenever facts alleged to constitute contempt under
2135 subsection (1)(a) of this section arise, the chairman of the
2136 committee shall certify a statement to this effect to the Attorney
2137 General or to the appropriate county prosecuting attorney who
2138 shall institute and prosecute a criminal proceeding against the
2139 accused for contempt under the provisions of this section.

2140 (b) Any offense defined in subsection (1)(a) of this
2141 section shall be deemed to have been committed in any of the
2142 following counties, and the trial for the offense may take place
2143 in any of such counties:

2144 (i) In the county where the subpoena was issued;

2145 (ii) In the county where the offender was served
2146 with the subpoena; or

2147 (iii) In the county where the subpoena ordered the
2148 offender to give testimony or to produce papers or other evidence.

2149 **SECTION 13.** Section 5-1-23, Mississippi Code of 1972, is
2150 amended as follows:

2151 5-1-23. (1) If any witness neglects or refuses to obey a
2152 subpoena, or, appearing, refuses to testify, the senate or house
2153 may, by a resolution entered on its journal, commit him or her for



2154 contempt, the commitment not to extend beyond the final
2155 adjournment of the session; and any witness neglecting and
2156 refusing to attend in obedience to a subpoena may be arrested by
2157 the sergeant-at-arms and brought before the senate or house; and a
2158 copy of the resolution of the senate or house, signed by the
2159 presiding officer thereof, and attested by the secretary or clerk,
2160 shall be sufficient authority to authorize such arrest.

2161 (2) The provisions of this section shall not apply to any
2162 subpoena or other process issued by the Joint Legislative
2163 Committee on Performance Evaluation and Expenditure Review (PEER)
2164 as provided for in Sections 1 and 2 of this act.

2165 **SECTION 14.** Section 5-1-25, Mississippi Code of 1972, is
2166 amended as follows:

2167 5-1-25. (1) A person sworn and examined as a witness before
2168 either house, without procurement or contrivance, on his or her
2169 part, shall not be held to answer criminally, or be subject to any
2170 penalty or forfeiture for any fact or act touching which he or she
2171 is required to testify; nor shall any statement made, or book,
2172 document, or paper produced by any such witness be competent
2173 evidence in any criminal proceeding against such witness other
2174 than for perjury in delivering his or her evidence; nor shall such
2175 witness refuse to testify to any fact or to produce any book,
2176 document, or paper touching which he or she is examined, on the
2177 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 15. 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, deliver to the Department of Public Safety the request to serve any committee process provided for by this act.



2202 **SECTION 16.** Section 29-13-1, Mississippi Code of 1972, is
2203 amended as follows:

2204 29-13-1. (1) The Department of Finance and Administration
2205 ("department") shall purchase and maintain business property
2206 insurance and business personal property insurance, or allow for
2207 the establishment of a self-insurance fund or self-insurance
2208 reserves, or any combination thereof, on all state-owned buildings
2209 and/or contents as required by federal law and regulations of the
2210 Federal Emergency Management Agency (FEMA) as is necessary for
2211 receiving public assistance or reimbursement for repair,
2212 reconstruction, replacement or other damage to those buildings
2213 and/or contents caused by the Hurricane Katrina Disaster of 2005
2214 or subsequent disasters. The department is authorized to expend
2215 funds from any available source for the purpose of obtaining and
2216 maintaining that property insurance. No funds shall be expended
2217 for the establishment of any such self-insurance program until
2218 such time the Mississippi Self-Insurance Task Force has completed
2219 a report and the report reflects a cost benefit to the State of
2220 Mississippi. The administration and service of any such
2221 self-insurance program may be contracted to a third party and
2222 approved by the Commissioner of Insurance. The department is
2223 authorized to enter into agreements with other state agencies,
2224 local school districts, community/junior college districts, state
2225 institutions of higher learning and community hospitals to pool
2226 their liabilities to participate in a group business property



2227 and/or business personal property insurance program, subject to
2228 uniform rules and regulations as may be adopted by the Department
2229 of Finance and Administration.

2230 (2) The Department of Finance and Administration is required
2231 to purchase and maintain flood insurance under the National Flood
2232 Insurance Program (42 USCS, Section 4001 et seq.) as required by
2233 federal law on state-owned buildings and/or contents. To meet the
2234 requirements of participation in such program, the department is
2235 further required to adopt floodplain management criteria and
2236 procedures in accordance with the rules and regulations of 24 CFR,
2237 Chapter X, Subchapter B (National Flood Insurance Program),
2238 established by the United States Department of Housing and Urban
2239 Development pursuant to the National Flood Insurance Act of 1968
2240 (Public Law 90-448) as amended and by the Flood Disaster
2241 Protection Act of 1973 (Public Law 93-234) as amended, and any
2242 supplemental changes to such rules and regulations. The
2243 department shall adopt the floodplain management criteria set
2244 forth in 24 CFR, Chapter X, Section 1910.3, on an emergency basis
2245 immediately upon May 3, 1979, and until such time as final
2246 regulations and criteria are developed by the department. Final
2247 regulations, criteria and procedures shall be implemented by the
2248 department within ninety (90) days after May 3, 1979. Such
2249 criteria and procedures shall apply to any new construction or
2250 substantial improvement of state-owned buildings and other
2251 state-owned development located in floodplain areas as identified



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

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

SECTION 17. (1) There is hereby created the "Mississippi Self-Insurance Task Force" to study, report and make recommendations on:

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

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



2276 (c) The financial state of the State Tort Claims Plan,
2277 including current reserves and solvency;

2278 (d) A comparison of the State property and liability
2279 insurance plans and State Tort Claims Plan in other southeastern
2280 states, including, but not limited to, their governance
2281 structures, benefits or services offered, solvency, reserves and
2282 rate structures and increases over time; and

2283 (e) Any other information or recommendations related
2284 which may be relevant to achieving the goal of ensuring all state
2285 facilities and any state liabilities have sufficient levels of
2286 coverage at the best rates.

2287 (2) The task force shall be composed of the following
2288 members:

2289 (a) The Chairs of the Insurance Committees in the
2290 Mississippi House of Representatives and Mississippi Senate;

2291 (b) The Chairs of the Public Property Committees in the
2292 Mississippi House of Representatives and Mississippi Senate;

2293 (c) The Commissioner of Insurance, or his or her
2294 designee;

2295 (d) The Commissioner of Higher Education, or his or her
2296 designee;

2297 (e) The Executive Director of the Department of Finance
2298 and Administration, or his or her designee;

2299 (f) An actuary appointed by the Governor;



2300 (g) A reinsurance broker appointed by the Lieutenant
2301 Governor; and

2302 (h) A property and casualty insurance agent appointed
2303 by the Speaker of the House of Representatives.

2304 (3) Appointments shall be made no later than thirty (30)
2305 days after the effective date of this act. The Chairs of the
2306 Insurance Committees in the Senate and House of Representatives
2307 shall convene the members of the task force for an organizational
2308 meeting within thirty (30) days after the deadline for appointing
2309 members, at which time the members of the task force shall select
2310 a chairman and a vice chairman from its membership. The vice
2311 chairman shall also serve as secretary and be responsible for
2312 keeping all records of the task force. A majority of the members
2313 of the task force constitutes a quorum. In the selection of its
2314 officers and the adoption of rules, resolutions and reports, an
2315 affirmative vote of a majority of the task force shall be required
2316 to be recorded in the official minutes of the meeting in which the
2317 vote occurred. Meetings of the task force shall be held at the
2318 State Capitol; however, if it is not feasible for the task force
2319 to hold an in-person meeting, the task force may convene using an
2320 online meeting platform that is accessible for viewing by the
2321 public.

2322 (4) The Department of Finance and Administration shall
2323 provide, using existing resources, administrative and clerical
2324 support to the task force. The Executive Director of the



2325 Department of Finance and Administration shall designate
2326 appropriate staff to assist the task force in carrying out its
2327 duties.

2328 (5) Subject to appropriation, members of the task force who
2329 are not state employees may be compensated at the per diem rate
2330 authorized by Section 25-3-69 and reimbursed in accordance with
2331 Section 25-3-41 for mileage and actual expenses incurred in the
2332 performance of their duties. However, task force members may not
2333 incur per diem, travel or other expenses unless previously
2334 authorized by vote, at a meeting of the task force, which action
2335 must be recorded in the official minutes of the meeting. Per diem
2336 and expense payments made pursuant to this subsection may be paid
2337 from any funds made available to the task force for that purpose.

2338 (6) The task force shall make a report of its findings and
2339 recommendations, including any recommended legislation, to the
2340 Lieutenant Governor, Speaker of the House of Representatives and
2341 the Chairs of the Insurance Committees of the House of
2342 Representatives and Senate on or before November 1, 2025, at which
2343 time the task force will be dissolved.

2344 **SECTION 18.** Section 31-11-3, Mississippi Code of 1972, is
2345 amended as follows:

2346 31-11-3. (1) The Department of Finance and Administration,
2347 for the purposes of carrying out the provisions of this chapter,
2348 in addition to all other rights and powers granted by law, shall
2349 have full power and authority to employ and compensate architects



2350 or other employees necessary for the purpose of making
2351 inspections, preparing plans and specifications, supervising the
2352 erection of any buildings, and making any repairs or additions as
2353 may be determined by the Department of Finance and Administration
2354 to be necessary, pursuant to the rules and regulations of the
2355 State Personnel Board. The department shall have entire control
2356 and supervision of, and determine what, if any, buildings,
2357 additions, repairs, demolitions or improvements are to be made
2358 under the provisions of this chapter, subject to the regulations
2359 adopted by the Public Procurement Review Board.

2360 (2) The department shall have full power to erect buildings,
2361 make repairs, additions or improvements, demolitions, to grant or
2362 acquire easements or rights-of-way, and to buy materials, supplies
2363 and equipment for any of the institutions or departments of the
2364 state subject to the regulations adopted by the Public Procurement
2365 Review Board. In addition to other powers conferred, the
2366 department shall have full power and authority, as directed by the
2367 Legislature, or when funds have been appropriated for its use for
2368 these purposes, to:

2369 (a) Build a state office building;

2370 (b) Build suitable plants or buildings for the use and
2371 housing of any state schools or institutions, including the
2372 building of plants or buildings for new state schools or
2373 institutions, as provided for by the Legislature;



2374 (c) Provide state aid for the construction of school
2375 buildings;

2376 (d) Promote and develop the training of returned
2377 veterans of the United States in all sorts of educational and
2378 vocational learning to be supplied by the proper educational
2379 institution of the State of Mississippi, and in so doing allocate
2380 monies appropriated to it for these purposes to the Governor for
2381 use by him in setting up, maintaining and operating an office and
2382 employing a state director of on-the-job training for veterans and
2383 the personnel necessary in carrying out Public Law No. 346 of the
2384 United States;

2385 (e) Build and equip a hospital and administration
2386 building at the Mississippi State Penitentiary;

2387 (f) Build and equip additional buildings and wards at
2388 the Boswell Retardation Center;

2389 (g) Construct a sewage disposal and treatment plant at
2390 the Mississippi State Hospital, and in so doing acquire additional
2391 land as may be necessary, and to exercise the right of eminent
2392 domain in the acquisition of this land;

2393 (h) Build and equip the Mississippi central market and
2394 purchase or acquire by eminent domain, if necessary, any lands
2395 needed for this purpose;

2396 (i) Build and equip suitable facilities for a training
2397 and employing center for the blind;



2398 (j) Build and equip a gymnasium at Columbia Training
2399 School;

2400 (k) Approve or disapprove the expenditure of any money
2401 appropriated by the Legislature when authorized by the bill making
2402 the appropriation;

2403 (l) Expend monies appropriated to it in paying the
2404 state's part of the cost of any street paving;

2405 (m) Sell and convey state lands when authorized by the
2406 Legislature, cause said lands to be properly surveyed and platted,
2407 execute all deeds or other legal instruments, and do any and all
2408 other things required to effectively carry out the purpose and
2409 intent of the Legislature. Any transaction which involves state
2410 lands under the provisions of this paragraph shall be done in a
2411 manner consistent with the provisions of Section 29-1-1;

2412 (n) Collect and receive from educational institutions
2413 of the State of Mississippi monies required to be paid by these
2414 institutions to the state in carrying out any veterans'
2415 educational programs;

2416 (o) Purchase lands for building sites, or as additions
2417 to building sites, for the erection of buildings and other
2418 facilities which the department is authorized to erect, and
2419 demolish and dispose of old buildings, when necessary for the
2420 proper construction of new buildings. Any transaction which
2421 involves state lands under the provisions of this paragraph shall



2422 be done in a manner consistent with the provisions of Section
2423 29-1-1;

2424 (p) Obtain business property insurance, or allow for
2425 the establishment of a self-insurance fund or self-insurance
2426 reserves, or any combination thereof, with a deductible of not
2427 less than One Hundred Thousand Dollars (\$100,000.00) on
2428 state-owned buildings under the management and control of the
2429 department; * * *

2430 (q) In consultation with and approval by the Chairmen
2431 of the Public Property Committees of the Senate and the House of
2432 Representatives, enter into contracts for the purpose of providing
2433 parking spaces for state employees who work in the Woolfolk
2434 Building, the Carroll Gartin Justice Building or the Walter
2435 Sillers Office Building * * *; and

2436 (r) The department is hereby authorized to transfer up
2437 to One Million Dollars (\$1,000,000.00) of available bond funds to
2438 each community college requesting to be exempt from department
2439 control and supervision relating to the repair, renovation and
2440 improvement of existing facilities owned by the community
2441 colleges, including utility infrastructure projects; heating and
2442 air conditioning systems; and the replacement of furniture and
2443 equipment. The community colleges shall abide by all applicable
2444 statutes related to the purchase of the repair, renovation and
2445 improvement of such existing facilities.



2446 (3) The department shall survey state-owned and
2447 state-utilized buildings to establish an estimate of the costs of
2448 architectural alterations, pursuant to the Americans With
2449 Disabilities Act of 1990, 42 USCS, Section 12111 et seq. The
2450 department shall establish priorities for making the identified
2451 architectural alterations and shall make known to the Legislative
2452 Budget Office and to the Legislature the required cost to
2453 effectuate such alterations. To meet the requirements of this
2454 section, the department shall use standards of accessibility that
2455 are at least as stringent as any applicable federal requirements
2456 and may consider:

2457 (a) Federal minimum guidelines and requirements issued
2458 by the United States Architectural and Transportation Barriers
2459 Compliance Board and standards issued by other federal agencies;

2460 (b) The criteria contained in the American Standard
2461 Specifications for Making Buildings Accessible and Usable by the
2462 Physically Handicapped and any amendments thereto as approved by
2463 the American Standards Association, Incorporated (ANSI Standards);

2464 (c) Design manuals;

2465 (d) Applicable federal guidelines;

2466 (e) Current literature in the field;

2467 (f) Applicable safety standards; and

2468 (g) Any applicable environmental impact statements.

2469 (4) The department shall observe the provisions of Section
2470 31-5-23 in letting contracts and shall use Mississippi products,



2471 including paint, varnish and lacquer which contain as vehicles
2472 tung oil and either ester gum or modified resin (with rosin as the
2473 principal base of constituents), and turpentine shall be used as a
2474 solvent or thinner, where these products are available at a cost
2475 not to exceed the cost of products grown, produced, prepared, made
2476 or manufactured outside of the State of Mississippi.

2477 (5) The department shall have authority to accept grants,
2478 loans or donations from the United States government or from any
2479 other sources for the purpose of matching funds in carrying out
2480 the provisions of this chapter.

2481 (6) The department shall build a wheelchair ramp at the War
2482 Memorial Building which complies with all applicable federal laws,
2483 regulations and specifications regarding wheelchair ramps.

2484 (7) The department shall review and preapprove all
2485 architectural or engineering service contracts entered into by any
2486 state agency, institution, commission, board or authority,
2487 regardless of the source of funding used to defray the costs of
2488 the construction or renovation project, for which services are to
2489 be obtained to ensure compliance with purchasing regulations and
2490 to confirm that the contracts are procured by a competitive
2491 qualification-based selection process except where such
2492 appointment is for an emergency project or for a continuation of a
2493 previous appointment for a directly related project. The
2494 provisions of this subsection (7) shall not apply to:



2495 (a) Any architectural or engineering contract fully
2496 paid for by self-generated funds of any of the state institutions
2497 of higher learning;

2498 (b) Any architectural or engineering contract that is
2499 self-administered at a state institution of higher learning as
2500 provided under Section 27-104-7(2) (b) or 37-101-15(m);

2501 (c) Community college projects that are fully funded
2502 from local funds or other nonstate sources which are outside the
2503 Department of Finance and Administration's appropriations or as
2504 directed by the Legislature;

2505 (d) Any construction or design projects of the State
2506 Military Department that are fully or partially funded from
2507 federal funds or other nonstate sources; and

2508 (e) Any project of the State Department of
2509 Transportation.

2510 (8) (a) The department shall have the authority to obtain
2511 annually from the state institutions of higher learning, the state
2512 community colleges and junior colleges, the Department of Mental
2513 Health, the Department of Corrections and the Department of
2514 Wildlife, Fisheries and Parks information on all renovation and
2515 repair expenditures for buildings under their operation and
2516 control, including duties, responsibilities and costs of any
2517 architect or engineer hired by any such institutions, and shall
2518 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



2544 addition to all other rights and powers granted by law, to create
2545 and maintain a list of suspended and debarred contractors and
2546 subcontractors. Consistent with this authority, the department
2547 may adopt regulations governing the suspension or debarment of
2548 contractors and subcontractors, which regulations shall be subject
2549 to the approval of the Public Procurement Review Board. A
2550 suspended or debarred contractor or subcontractor shall be
2551 disqualified from consideration for contracts with the department
2552 during the suspension or debarment period in accordance with the
2553 department's regulations.

2554 (11) This section shall not apply to the Mississippi State
2555 Port Authority.

2556 **SECTION 19.** Section 37-29-67, Mississippi Code of 1972, is
2557 brought forward as follows:

2558 37-29-67. (1) The duties of the board of trustees shall be
2559 the general government of the community/junior college and
2560 directive of the administration thereof. Subject to the
2561 provisions of Sections 37-29-1 through 37-29-273, the board shall
2562 have full power to do all things necessary to the successful
2563 operation of the district and the college or colleges or
2564 attendance centers located therein to insure educational
2565 advantages and opportunities to all the enrollees within the
2566 district.

2567 (2) The board of trustees shall be authorized to designate a
2568 personnel supervisor or other person employed by the district to



2569 recommend teachers and to transmit such recommendations to the
2570 board of trustees; however, this authorization shall be restricted
2571 to no more than two (2) positions for each employment period in
2572 the district.

2573 (3) The delineation and enumeration of the powers and
2574 purposes set out in Sections 37-29-1 through 37-29-273 shall be
2575 deemed to be supplemental and additional, and shall not be
2576 construed to restrict the powers of the board of trustees of the
2577 district or of any college located therein so as to deny to the
2578 said district and the college or colleges therein the rights,
2579 privileges and powers previously authorized by statute.

2580 (4) The board of trustees shall have the power to enter into
2581 an energy performance contract, energy services contract, a
2582 shared-savings, lease or lease-purchase basis, for energy
2583 efficiency services and/or equipment as prescribed in Section
2584 31-7-14.

2585 (5) The board of trustees shall be authorized, with the
2586 approval of the Mississippi Community College Board, to change the
2587 name of the junior college to community college. The Mississippi
2588 Community College Board shall establish guidelines for the
2589 implementation of any junior college name change. Any reference
2590 to junior college district in this chapter shall hereinafter refer
2591 to the junior college district or its successor in name as changed
2592 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 20. 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



2618 to be operated by participating hospital institutions. In this
2619 regard, the authority shall be authorized to exercise the
2620 following powers:

2621 (1) To establish eligibility standards for participating
2622 hospital institutions;

2623 (2) To enter into an agreement with any entity securing the
2624 payment of bonds pursuant to Section 41-73-27(j) or (k)
2625 authorizing said entity to approve the participating hospital
2626 institutions that can finance or refinance hospital equipment or
2627 hospital facilities with proceeds from the bond issue secured by
2628 said entity;

2629 (3) To lease to a participating hospital institution
2630 specific hospital facilities or items of hospital equipment upon
2631 such terms and conditions as the authority may deem proper, to
2632 charge and collect rents therefor, to terminate any such lease
2633 upon the failure of the lessee to comply with any of its
2634 obligations thereunder or otherwise as such lease may provide, to
2635 include in any such lease provisions that the lessee shall have
2636 the option to renew the term of the lease for such period or
2637 periods and at such rents as may be determined by the authority or
2638 to purchase any or all of the hospital facilities or hospital
2639 equipment to which such lease shall apply;

2640 (4) To loan to a participating hospital institution under an
2641 installment purchase contract or loan agreement monies to finance
2642 or refinance the cost of specific items of hospital facilities or



2643 hospital equipment and to take back a secured or unsecured
2644 promissory note evidencing such loan and a mortgage or security
2645 interest in the hospital facilities or hospital equipment financed
2646 or refinanced with such loan, upon such terms and conditions as
2647 the authority may deem proper;

2648 (5) To sell or otherwise dispose of any or all unneeded or
2649 obsolete hospital facilities or hospital equipment under terms and
2650 conditions as determined by the authority;

2651 (6) To maintain, repair, replace and otherwise improve or
2652 cause to be maintained, repaired, replaced and otherwise improved
2653 any hospital facilities or hospital equipment owned by the
2654 authority;

2655 (7) To obtain or aid in obtaining property insurance on all
2656 hospital facilities or hospital equipment owned or financed by the
2657 authority and to enter into any agreement, contract or other
2658 instrument with respect to any such insurance to accept payment in
2659 the event of damage to or destruction of any hospital equipment;

2660 (8) To enter into any agreement, contract or other
2661 instrument with respect to any insurance or guarantee or letter of
2662 credit, accepting payment in such manner and form as provided
2663 therein in the event of default by a participating hospital
2664 institution, and to assign any such insurance or guarantee or
2665 letter of credit as security for bonds issued by the authority;
2666 and



2667 (9) To purchase and maintain business property insurance and
2668 business personal property insurance on all hospital-owned
2669 buildings and/or contents as required by federal law and
2670 regulations of the Federal Emergency Management Agency (FEMA) as
2671 is necessary for receiving public assistance or reimbursement for
2672 repair, reconstruction, replacement or other damage to those
2673 buildings and/or contents caused by the Hurricane Katrina Disaster
2674 of 2005 or subsequent disasters. The authority is authorized to
2675 expend funds from any available source for the purpose of
2676 obtaining and maintaining that property insurance. The authority
2677 is authorized to enter into agreements with the Department of
2678 Finance and Administration, local school districts,
2679 community/junior college districts, state institutions of higher
2680 learning, other community hospitals and/or other state agencies to
2681 pool their liabilities to participate in a group business property
2682 and/or business personal property insurance program, subject to
2683 uniform rules and regulations as may be adopted by the Department
2684 of Finance and Administration.

2685 **SECTION 21.** Section 37-7-303, Mississippi Code of 1972, is
2686 brought forward as follows:

2687 37-7-303. (1) The school board of any school district may
2688 insure motor vehicles for any hazard that the board may choose,
2689 and shall insure the school buildings, equipment and other school
2690 property of the district against any and all hazards that the
2691 board may deem necessary to provide insurance against. In



2692 addition, the local school board of any school district shall
2693 purchase and maintain business property insurance and business
2694 personal property insurance on all school district-owned buildings
2695 and/or contents as required by federal law and regulations of the
2696 Federal Emergency Management Agency (FEMA) as is necessary for
2697 receiving public assistance or reimbursement for repair,
2698 reconstruction, replacement or other damage to those buildings
2699 and/or contents caused by the Hurricane Katrina Disaster of 2005
2700 or subsequent disasters. The school district is authorized to
2701 expend funds from any available source for the purpose of
2702 obtaining and maintaining that property insurance. The school
2703 district is authorized to enter into agreements with the
2704 Department of Finance and Administration, other local school
2705 districts, community or junior college districts, state
2706 institutions of higher learning, community hospitals and/or other
2707 state agencies to pool their liabilities to participate in a group
2708 business property and/or business personal property insurance
2709 program, subject to uniform rules and regulations as may be
2710 adopted by the Department of Finance and Administration. Such
2711 school board shall be authorized to contract for such insurance
2712 for a term of not exceeding five (5) years and to obligate the
2713 district for the payment of the premiums thereon. When necessary,
2714 the school board is authorized and empowered, in its discretion,
2715 to borrow money payable in annual installments for a period of not
2716 exceeding five (5) years at a rate of interest not exceeding eight



2717 percent (8%) per annum to provide funds to pay such insurance
2718 premiums. The money so borrowed and the interest thereon shall be
2719 payable from any school funds of the district other than the total
2720 funding formula funds provided for in Sections 37-151-200 through
2721 37-151-215. The school boards of school districts are further
2722 authorized and empowered, in all cases where same may be
2723 necessary, to bring and maintain suits and other actions in any
2724 court of competent jurisdiction for the purpose of collecting the
2725 proceeds of insurance policies issued upon the property of such
2726 school district.

2727 (2) Two (2) or more school districts, together with other
2728 educational entities or agencies, may agree to pool their
2729 liabilities to participate in a group workers' compensation
2730 program. The governing authorities of any school board or other
2731 educational entity or agency may authorize the organization and
2732 operation of, or the participation in such a group self-insurance
2733 program with other school boards and educational entities or
2734 agencies, subject to the requirements of Section 71-3-5. The
2735 Workers' Compensation Commission shall approve such group
2736 self-insurance programs subject to uniform rules and regulations
2737 as may be adopted by the commission applicable to all groups.

2738 (3) The governing board of any county, municipality,
2739 municipal separate school district, other school district or
2740 community/junior college district, and the governing board or head
2741 of any other political subdivision or entity may negotiate for,



2742 secure and pool their risks under this section and may provide for
2743 the purchase of any one or more policies of property insurance, or
2744 the establishment of a self-insurance fund or self-insurance
2745 reserves, or any combination thereof. The governing board of any
2746 political subdivision or other entity set forth in this section is
2747 authorized to expend funds from any available source for the
2748 purpose of obtaining and maintaining that property insurance. The
2749 administration and service of any such self-insurance program
2750 shall be contracted to a third party and approved by the
2751 Commissioner of Insurance.

2752 **SECTION 22.** Section 37-101-15, Mississippi Code of 1972, is
2753 brought forward as follows:

2754 37-101-15. (a) The Board of Trustees of State Institutions
2755 of Higher Learning shall succeed to and continue to exercise
2756 control of all records, books, papers, equipment, and supplies,
2757 and all lands, buildings, and other real and personal property
2758 belonging to or assigned to the use and benefit of the board of
2759 trustees formerly supervising and controlling the institutions of
2760 higher learning named in Section 37-101-1. The board shall have
2761 and exercise control of the use, distribution and disbursement of
2762 all funds, appropriations and taxes, now and hereafter in
2763 possession, levied and collected, received, or appropriated for
2764 the use, benefit, support, and maintenance or capital outlay
2765 expenditures of the institutions of higher learning, including the
2766 authorization of employees to sign vouchers for the disbursement



2767 of funds for the various institutions, except where otherwise
2768 specifically provided by law.

2769 (b) The board shall have general supervision of the affairs
2770 of all the institutions of higher learning, including the
2771 departments and the schools thereof. The board shall have the
2772 power in its discretion to determine who shall be privileged to
2773 enter, to remain in, or to graduate therefrom. The board shall
2774 have general supervision of the conduct of libraries and
2775 laboratories, the care of dormitories, buildings, and grounds; the
2776 business methods and arrangement of accounts and records; the
2777 organization of the administrative plan of each institution; and
2778 all other matters incident to the proper functioning of the
2779 institutions. The board shall have the authority to establish
2780 minimum standards of achievement as a prerequisite for entrance
2781 into any of the institutions under its jurisdiction, which
2782 standards need not be uniform between the various institutions and
2783 which may be based upon such criteria as the board may establish.

2784 (c) The board shall exercise all the powers and prerogatives
2785 conferred upon it under the laws establishing and providing for
2786 the operation of the several institutions herein specified. The
2787 board shall adopt such bylaws and regulations from time to time as
2788 it deems expedient for the proper supervision and control of the
2789 several institutions of higher learning, insofar as such bylaws
2790 and regulations are not repugnant to the Constitution and laws,
2791 and not inconsistent with the object for which these institutions



2792 were established. The board shall have power and authority to
2793 prescribe rules and regulations for policing the campuses and all
2794 buildings of the respective institutions, to authorize the arrest
2795 of all persons violating on any campus any criminal law of the
2796 state, and to have such law violators turned over to the civil
2797 authorities.

2798 (d) For all institutions specified herein, the board shall
2799 provide a uniform system of recording and of accounting approved
2800 by the State Department of Audit. The board shall annually
2801 prepare, or cause to be prepared, a budget for each institution of
2802 higher learning for the succeeding year which must be prepared and
2803 in readiness for at least thirty (30) days before the convening of
2804 the regular session of the Legislature. All relationships and
2805 negotiations between the State Legislature and its various
2806 committees and the institutions named herein shall be carried on
2807 through the board of trustees. No official, employee or agent
2808 representing any of the separate institutions shall appear before
2809 the Legislature or any committee thereof except upon the written
2810 order of the board or upon the request of the Legislature or a
2811 committee thereof.

2812 (e) For all institutions specified herein, the board shall
2813 prepare an annual report to the Legislature setting forth the
2814 disbursements of all monies appropriated to the respective
2815 institutions. Each report to the Legislature shall show how the
2816 money appropriated to the several institutions has been expended,



2817 beginning and ending with the fiscal years of the institutions,
2818 showing the name of each teacher, officer, and employee, and the
2819 salary paid each, and an itemized statement of each and every item
2820 of receipts and expenditures. Each report must be balanced, and
2821 must begin with the former balance. If any property belonging to
2822 the state or the institution is used for profit, the reports shall
2823 show the expense incurred in managing the property and the amount
2824 received therefrom. The reports shall also show a summary of the
2825 gross receipts and gross disbursements for each year and shall
2826 show the money on hand at the beginning of the fiscal period of
2827 the institution next preceding each session of the Legislature and
2828 the necessary amount of expense to be incurred from said date to
2829 January 1 following. The board shall keep the annual expenditures
2830 of each institution herein mentioned within the income derived
2831 from legislative appropriations and other sources, but in case of
2832 emergency arising from acts of providence, epidemics, fire or
2833 storm with the written approval of the Governor and by written
2834 consent of a majority of the senators and of the representatives
2835 it may exceed the income. The board shall require a surety bond
2836 in a surety company authorized to do business in this state of
2837 every employee who is the custodian of funds belonging to one or
2838 more of the institutions mentioned herein, which bond shall be in
2839 a sum to be fixed by the board in an amount that will properly
2840 safeguard the said funds, the premium for which shall be paid out
2841 of the funds appropriated for said institutions.



2842 (f) The board shall have the power and authority to elect
2843 the heads of the various institutions of higher learning and to
2844 contract with all deans, professors, and other members of the
2845 teaching staff, and all administrative employees of said
2846 institutions for a term not exceeding four (4) years. The board
2847 shall have the power and authority to terminate any such contract
2848 at any time for malfeasance, inefficiency, or contumacious
2849 conduct, but never for political reasons. It shall be the policy
2850 of the board to permit the executive head of each institution to
2851 nominate for election by the board all subordinate employees of
2852 the institution over which he presides. It shall be the policy of
2853 the board to elect all officials for a definite tenure of service
2854 and to reelect during the period of satisfactory service. The
2855 board shall have the power to make any adjustments it thinks
2856 necessary between the various departments and schools of any
2857 institution or between the different institutions.

2858 (g) The board shall keep complete minutes and records of all
2859 proceedings which shall be open for inspection by any citizen of
2860 the state.

2861 (h) The board shall have the power to enter into an energy
2862 performance contract, energy services contract, on a
2863 shared-savings, lease or lease-purchase basis, for energy
2864 efficiency services and/or equipment as prescribed in Section
2865 31-7-14.



2866 (i) The Board of Trustees of State Institutions of Higher
2867 Learning, for and on behalf of Jackson State University, is hereby
2868 authorized to convey by donation or otherwise easements across
2869 portions of certain real estate located in the City of Jackson,
2870 Hinds County, Mississippi, for right-of-way required for the Metro
2871 Parkway Project.

2872 (j) In connection with any international contract between
2873 the board or one (1) of the state's institutions of higher
2874 learning and any party outside of the United States, the board or
2875 institution that is the party to the international contract is
2876 hereby authorized and empowered to include in the contract a
2877 provision for the resolution by arbitration of any controversy
2878 between the parties to the contract relating to such contract or
2879 the failure or refusal to perform any part of the contract. Such
2880 provision shall be valid, enforceable and irrevocable without
2881 regard to the justiciable character of the controversy. Provided,
2882 however, that in the event either party to such contract initiates
2883 litigation against the other with respect to the contract, the
2884 arbitration provision shall be deemed waived unless asserted as a
2885 defense on or before the responding party is required to answer
2886 such litigation.

2887 (k) The Board of Trustees of State Institutions of Higher
2888 Learning ("board"), on behalf of any institution under its
2889 jurisdiction, shall purchase and maintain business property
2890 insurance and business personal property insurance on all



2891 university-owned buildings and/or contents as required by federal
2892 law and regulations of the Federal Emergency Management Agency
2893 (FEMA) as is necessary for receiving public assistance or
2894 reimbursement for repair, reconstruction, replacement or other
2895 damage to those buildings and/or contents caused by the Hurricane
2896 Katrina Disaster of 2005 or subsequent disasters. The board is
2897 authorized to expend funds from any available source for the
2898 purpose of obtaining and maintaining that property insurance. The
2899 board is authorized to enter into agreements with the Department
2900 of Finance and Administration, local school districts,
2901 community/junior college districts, community hospitals and/or
2902 other state agencies to pool their liabilities to participate in a
2903 group business property and/or business personal property
2904 insurance program, subject to uniform rules and regulations as may
2905 be adopted by the Department of Finance and Administration.

2906 (1) The Board of Trustees of State Institutions of Higher
2907 Learning, or its designee, may approve the payment or
2908 reimbursement of reasonable travel expenses incurred by candidates
2909 for open positions at the board's executive office or at any of
2910 the state institutions of higher learning, when the job candidate
2911 has incurred expenses in traveling to a job interview at the
2912 request of the board, the Commissioner of Higher Education or a
2913 state institution of higher learning administrator.

2914 (m) (i) The Board of Trustees of State Institutions of
2915 Higher Learning is authorized to administer and approve contracts



2916 for the construction and maintenance of buildings and other
2917 facilities of the state institutions of higher learning, including
2918 related contracts for architectural and engineering services,
2919 which are paid for with self-generated funds.

2920 (ii) Additionally, the board is authorized to oversee,
2921 administer and approve contracts for the construction and
2922 maintenance of buildings and other facilities of the state
2923 institutions of higher learning, including related contracts for
2924 architectural and engineering services, which are funded in whole
2925 or in part by general obligation bonds of the State of Mississippi
2926 at institutions designated annually by the board as being capable
2927 to procure and administer all such contracts. Prior to the
2928 disbursement of funds, an agreement for each project between the
2929 institution and the Department of Finance and Administration shall
2930 be executed. The approval and execution of the agreement shall
2931 not be withheld by either party unless the withholding party
2932 provides a written, detailed explanation of the basis for
2933 withholding to the other party. The agreement shall stipulate the
2934 responsibilities of each party, applicable procurement
2935 regulations, documentation and reporting requirements, conditions
2936 prior to, and schedule of, disbursement of general obligation bond
2937 funds to the institution and provisions concerning handling any
2938 remaining general obligation bonds at the completion of the
2939 project. Such agreement shall not include provisions that
2940 constitute additional qualifications or criteria that act to



2941 invalidate the designation of an institution as capable of
2942 procuring and administering such project. Inclusion of any such
2943 provisions may be appealed to the Public Procurement Review Board.
2944 This paragraph (ii) shall stand repealed from and after July 1,
2945 2025.

2946 (n) The Board of Trustees of State Institutions of Higher
2947 Learning ("board") shall require all on-campus faculty and staff
2948 employed by, and all students attending, any of the state
2949 institutions of higher learning identified in Section 37-101-1 to
2950 be issued an identification badge in physical or electronic
2951 format. Any identification card issued or renewed pursuant to
2952 this section, whether physical or in an electronic format, shall
2953 include the words "Crisis Lifeline - Dial or Text 988, or chat
2954 988lifeline.org" or like language for formatting purposes.

2955 **SECTION 23.** This act shall take effect and be in force from
2956 and after July 1, 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 43-13-117, MISSISSIPPI
10 CODE OF 1972, TO REQUIRE THE PEER COMMITTEE TO CONDUCT A
11 PERFORMANCE EVALUATION OF THE DIVISION OF MEDICAID'S NONEMERGENCY
12 TRANSPORTATION PROGRAM TWO YEARS AFTER THE IMPLEMENTATION DATE OF



13 EACH NEW CONTRACT; TO AMEND SECTION 47-5-579, MISSISSIPPI CODE OF
14 1972, TO CLARIFY THAT ALL PROGRAM WITHHOLDINGS FROM PARTICIPANTS
15 OF THE PRISON INDUSTRIES CORPORATION'S WORK INITIATIVE PROGRAM
16 SHALL BE CALCULATED BASED UPON PARTICIPANT WAGES AFTER MANDATORY
17 DEDUCTIONS; TO REQUIRE ACCOUNTING OF ANY DEPENDENT SUPPORT
18 PAYMENTS, FINES, RESTITUTIONS, FEES OR COSTS, AS ORDERED BY THE
19 COURT, BE REPORTED FOR EACH WORK INITIATIVE PARTICIPANT; TO
20 REQUIRE THAT THE REMAINING SENTENCE LENGTH OF SUCH PARTICIPANT BE
21 COLLECTED, MAINTAINED AND REPORTED; AND TO REQUIRE THAT A
22 FINANCIAL ACCOUNT CREATION DATE BE COLLECTED, MAINTAINED AND
23 REPORTED FOR EACH PARTICIPANT; TO AMEND SECTION 1, CHAPTER 431,
24 LAWS OF 2024, TO EXTEND THE OPERATION OF THE MISSISSIPPI K-12 AND
25 POSTSECONDARY MENTAL HEALTH TASK FORCE FOR ONE ADDITIONAL YEAR; TO
26 PROVIDE THAT THE TASK FORCE SHALL DEVELOP AND REPORT ITS FINDINGS
27 AND RECOMMENDATIONS TO THE MISSISSIPPI LEGISLATURE ON OR BEFORE
28 OCTOBER 1, 2025; TO DISSOLVE THE TASK FORCE UPON PRESENTATION OF
29 THE REPORT DUE ON OR BEFORE OCTOBER 1, 2025; TO ENACT THE
30 "MISSISSIPPI K-12 AND POSTSECONDARY MENTAL HEALTH ACT OF 2025"; TO
31 ESTABLISH AN EXECUTIVE COMMITTEE OF THE INTERAGENCY COORDINATING
32 COUNCIL FOR CHILDREN AND YOUTH (ICCCY); TO PROVIDE FOR THE
33 COMPOSITION OF THE EXECUTIVE COMMITTEE; TO SPECIFY THE EXECUTIVE
34 COMMITTEE'S COORDINATING RESPONSIBILITIES RELATED TO THE GENERAL
35 MENTAL HEALTH AND WELL-BEING OF CHILDREN AND ADOLESCENTS; TO
36 PROVIDE FOR THE DISSEMINATION OF RECOMMENDATIONS AND INFORMATION
37 COMPILED BY THE EXECUTIVE COMMITTEE; TO AMEND SECTION 43-13-1,
38 MISSISSIPPI CODE OF 1972, TO CONFORM; TO BRING FORWARD SECTIONS
39 43-14-3 AND 43-14-5, MISSISSIPPI CODE OF 1972, FOR THE PURPOSE OF
40 POSSIBLE AMENDMENT; TO CREATE SECTION 5-3-70, MISSISSIPPI CODE OF
41 1972, TO PROVIDE FOR CIVIL ENFORCEMENT OF PEER COMMITTEE
42 SUBPOENAS; TO AMEND SECTION 5-3-59, MISSISSIPPI CODE OF 1972, TO
43 PROVIDE CRIMINAL PENALTIES FOR PERSONS WHO FAIL TO COMPLY WITH
44 SUBPOENAS FROM THE PEER COMMITTEE; TO AMEND SECTIONS 5-1-23 AND
45 5-1-25, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THESE PROVISIONS
46 ARE NOT APPLICABLE TO SUBPOENAS ISSUED BY THE PEER COMMITTEE; TO
47 AMEND SECTION 5-1-35, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT
48 THE SERGEANT-AT-ARMS OF THE MISSISSIPPI STATE SENATE SHALL DELIVER
49 TO DPS THE REQUEST TO SERVE SUBPOENAS ISSUED BY THE PEER
50 COMMITTEE; TO AMEND SECTION 29-13-1, MISSISSIPPI CODE OF 1972, TO
51 ALLOW FOR THE DEPARTMENT OF FINANCE AND ADMINISTRATION TO
52 ESTABLISH A SELF-INSURANCE FUND OR SELF-INSURANCE RESERVES, OR ANY
53 COMBINATION THEREOF, TO INSURE STATE-OWNED BUILDINGS AND CONTENTS;
54 TO REQUIRE THE MISSISSIPPI SELF-INSURANCE TASK FORCE TO REPORT ON
55 THE COST BENEFITS OF SELF-INSURING BEFORE FUNDS ARE EXPENDED TO
56 SELF-INSURE; TO CREATE THE MISSISSIPPI SELF-INSURANCE TASK FORCE
57 TO STUDY, REPORT AND MAKE RECOMMENDATIONS REGARDING A
58 SELF-INSURANCE PLAN; TO PROVIDE CERTAIN ITEMS FOR THE TASK FORCE
59 TO STUDY, REPORT AND MAKE RECOMMENDATIONS ON; TO PROVIDE FOR THE
60 MEMBERSHIP AND MEETING PROCEDURE OF THE TASK FORCE; TO REQUIRE THE
61 TASK FORCE TO MAKE A REPORT OF ITS FINDINGS AND RECOMMENDATIONS,
62 INCLUDING ANY RECOMMENDED LEGISLATION, TO THE LIEUTENANT GOVERNOR,



63 SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE CHAIRS OF THE
64 INSURANCE COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND SENATE ON
65 OR BEFORE NOVEMBER 1, 2025, AT WHICH TIME THE TASK FORCE WILL BE
66 DISSOLVED; TO AMEND SECTION 31-11-3, MISSISSIPPI CODE OF 1972, TO
67 CONFORM; TO BRING FORWARD SECTIONS 37-29-67, 41-73-31, 37-7-303
68 AND 37-101-15, MISSISSIPPI CODE OF 1972, FOR THE PURPOSE OF
69 POSSIBLE AMENDMENT; AND FOR RELATED PURPOSES.

