

By: Representatives Moody, Myers, Espy

To: Public Health and Welfare

COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 891

1 AN ACT TO CREATE THE HEALTHCARE COORDINATING COUNCIL TO
2 ESTABLISH A COMPREHENSIVE PREVENTIVE HEALTH CARE PLAN; TO PROVIDE
3 FOR THE MEMBERSHIP OF THE COUNCIL AND FOR THE ELECTION OF
4 OFFICERS; TO PROVIDE FOR MEETINGS AND ADMINISTRATION OF THE
5 COUNCIL; TO AUTHORIZE THE PAYMENT OF TRAVEL EXPENSES OF COUNCIL
6 MEMBERS; TO SPECIFY THE DUTIES OF THE COUNCIL; TO REQUIRE THE
7 COUNCIL TO MAKE ANNUAL REPORTS TO THE LEGISLATURE; AND FOR RELATED
8 PURPOSES.

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

10 **SECTION 1.** (1) There is created the Healthcare Coordinating
11 Council, which will be responsible for making recommendations to
12 the Legislature regarding the establishment of a long-range,
13 comprehensive preventive health care plan.

14 (2) The council will consist of fifteen (15) members to be
15 appointed as follows:

16 (a) Two (2) members of the Mississippi House of
17 Representatives appointed by the Speaker of the House of
18 Representatives to serve four-year terms;

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

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

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

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

29 (f) One (1) health advocate appointed by the Governor
30 to serve a two-year term;



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

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

36 (i) One (1) health care provider appointed by the
37 Lieutenant Governor to serve a two-year term;

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

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

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

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

49 (4) At its first meeting, the council shall elect a chairman
50 and other necessary officers from among its membership. The
51 chairman and other officers shall be elected annually by the
52 council. The council shall adopt bylaws and rules for its
53 efficient operation. The council may establish committees that
54 will be responsible for conducting specific council programs or
55 activities.

56 (5) The council shall meet and conduct business at least
57 quarterly. All meetings of the council and any committees of the
58 council will be open to the public, with opportunities for public
59 comment provided on a regular basis. Notice of all meetings shall
60 be given as provided in the Open Meetings Act (Section 25-41-1 et
61 seq.) and appropriate notice also shall be given to all persons so
62 requesting of the date, time and place of each meeting. Eight (8)



63 members of the council will constitute a quorum for the
64 transaction of business.

65 (6) The council is assigned jointly to the Mississippi Forum
66 on Children and Families, the Mississippi Health Advocacy Program
67 and the Children's Defense Fund Black Community Crusade for
68 Children for administrative purposes only. Those three (3)
69 organizations shall designate staff to assist the council.

70 (7) Members of the council who are not legislators, state
71 officials or state employees may be reimbursed for mileage and
72 actual expenses incurred in the performance of their duties by the
73 three (3) administering organizations designated in subsection (6)
74 of this section, if funds are available to the organizations for
75 that purpose. Legislative members of the council will be paid
76 from the contingent expense funds of their respective houses in
77 the same manner as provided for committee meetings when the
78 Legislature is not in session. However, legislative members will
79 not be paid per diem or expenses for attending meetings of the
80 council while the Legislature is in session. No council member
81 may incur per diem, travel or other expenses unless previously
82 authorized by vote, at a meeting of the council, which action must
83 be recorded in the official minutes of the meeting.

84 **SECTION 2.** The Healthcare Coordinating Council has the
85 following duties:

86 (a) Develop recommendations for a long-range preventive
87 health care plan for the period beginning July 1, 2002, through
88 July 1, 2020;

89 (b) Consider the feasibility of implementing the
90 following preventive health care strategies, known as the 20-20
91 Vision:

92 (i) Bridge the gap between Medicaid and the
93 Children's Health Insurance Program (CHIP) by expanding coverage
94 under Medicaid for pregnant women up to two hundred percent (200%)
95 of the federal poverty level;



96 (ii) Expand that coverage for pregnant women
97 beyond two hundred percent (200%) of the federal poverty level
98 with a sliding fee scale for both premiums and health care
99 services;

100 (iii) Expand CHIP income eligibility and implement
101 a sliding fee scale for both premiums and health care services;

102 (iv) Establish supplemental coverage for gaps in
103 private coverage such as vision and dental health care for
104 children up to the CHIP income eligibility limit;

105 (v) Increase the period of postnatal care provided
106 under Medicaid;

107 (vi) Expand Medicaid to include continuously
108 enrolled college students that "age-off" family coverage plans
109 held by their parents;

110 (vii) Establish a business buy-in plan that
111 expands coverage to the parents of CHIP and Medicaid eligible
112 children and other income-eligible adults;

113 (viii) Include the state as an eligible employer
114 in the business buy-in plan;

115 (ix) Expand coverage for individuals with mental
116 illness, specifically addressing the need for therapeutic care for
117 children, day treatment nurseries for preschool-age children,
118 foster home care, group home care, diagnostic and evaluation
119 emergency shelters, and intensive in-home care;

120 (x) Expand breast and cervical cancer screenings
121 and treatment;

122 (xi) Establish a demonstration treatment program
123 for heart disease;

124 (xii) Establish a demonstration treatment program
125 for diabetes;

126 (xiii) Certify all allowable spending in the state
127 as matching funds to reduce the demand for general fund revenue;



- 128 (xiv) Evaluate the potential of increasing the
129 number of health care providers accepting CHIP and Medicaid
130 patients by participating in a fee-based system of enhanced and
131 optional services;
- 132 (xv) Pursue disproportionate share formulas for
133 other health care providers;
- 134 (xvi) Expand school-based services such as the
135 school nurse program;
- 136 (xvii) Expand scholarship programs to include all
137 needed health care service providers;
- 138 (xviii) Establish public education campaigns to
139 increase wellness by reducing high-risk behavior; and
- 140 (xix) Expand consumer assistance services to
141 ensure prompt and accurate resolution of issues of denial and
142 billing;
- 143 (c) Consider the feasibility of including additional
144 preventive health care strategies in the plan;
- 145 (d) For each element of the plan recommended by the
146 council, the following should be established:
- 147 (i) Performance benchmarks,
148 (ii) Projected costs, and
149 (iii) Projected benefits;
- 150 (e) At the meetings of the council, the council shall
151 review level of spending by category, revise spending estimates,
152 assess feasibility of expansions, consider cost options and note
153 changes in applicable federal policy;
- 154 (f) Make an annual report to the Legislature by
155 September 1 on the status of the implementation of the plan
156 including recommendations for legislative action; and
- 157 (g) Make the annual report available to the public.

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

