

By: Representatives Felsher, Ford (54th)

To: Accountability,
Efficiency, Transparency

HOUSE BILL NO. 924

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



35 EXAMINERS AND OPTOMETRY, AND FIVE ADDITIONAL MEMBERS; TO PROVIDE
36 THAT THE BOARD SHALL EVALUATE THE NEED FOR COORDINATION AMONG THE
37 HEALTH REGULATORY BOARDS AND THEIR STAFFS, EVALUATE ALL HEALTH
38 CARE PROFESSIONS AND OCCUPATIONS IN THE STATE AND CONSIDER WHETHER
39 EACH SUCH PROFESSION OR OCCUPATION SHOULD BE REGULATED AND THE
40 DEGREE OF REGULATION TO BE IMPOSED, SERVE AS A FORUM FOR RESOLVING
41 CONFLICTS AMONG THE HEALTH REGULATORY BOARDS, ADVISE THE GOVERNOR
42 AND THE LEGISLATURE ON MATTERS RELATING TO THE REGULATION OR
43 DEREGULATION OF HEALTH CARE PROFESSIONS AND OCCUPATIONS, AND
44 EXAMINE SCOPE OF PRACTICE CONFLICTS INVOLVING REGULATED AND
45 UNREGULATED HEALTH CARE PROFESSIONS AND OCCUPATIONS AND ADVISE THE
46 HEALTH REGULATORY BOARDS AND THE LEGISLATURE OF THE NATURE AND
47 DEGREE OF SUCH CONFLICTS; TO PROVIDE THAT THE STATE DEPARTMENT OF
48 HEALTH SHALL ANNUALLY REQUEST A BUDGET FOR THE STATE BOARD OF
49 HEALTH PROFESSIONS AND SHALL PROVIDE A MEETING SPACE AND
50 ADMINISTRATIVE SUPPORT FOR THE BOARD'S OPERATIONS; TO AMEND
51 SECTION 37-181-5, MISSISSIPPI CODE OF 1972, TO DISTRIBUTE FUNDS
52 FROM CLOSED ESA ACCOUNTS; TO AMEND SECTION 37-181-7, MISSISSIPPI
53 CODE OF 1972, TO REVISE THE FUNDING FORMULA SO THAT THE ESA AMOUNT
54 EQUALS THE ADJUSTED BASE STUDENT COST; TO AMEND SECTION 37-181-9,
55 MISSISSIPPI CODE OF 1972, TO REQUIRE THE STATE DEPARTMENT OF
56 EDUCATION TO IMPLEMENT AN APPLICATION OR AUTHORIZATION PROCESS TO
57 DETERMINE THE ELIGIBILITY OF NONPUBLIC SCHOOLS TO PARTICIPATE IN
58 THE ESA PROGRAM; TO AMEND SECTION 37-181-15, MISSISSIPPI CODE OF
59 1972, TO ADVISE PARENTS OF STUDENTS WHO QUALIFY FOR OTHER
60 SCHOLARSHIP PROGRAMS TO APPLY FOR THOSE PROGRAMS INSTEAD OF THE
61 ESA PROGRAM; TO LIMIT THE TYPES OF ASSESSMENTS TO REQUIRE STUDENTS
62 TO TAKE THE SAME ASSESSMENT AT THE BEGINNING AND THE END OF THE
63 SCHOOL YEAR; TO AMEND SECTION 37-181-17, MISSISSIPPI CODE OF 1972,
64 TO REQUIRE NONPUBLIC SCHOOLS TO SUBMIT INFORMATION ABOUT SPECIAL
65 EDUCATION SERVICES TO THE MISSISSIPPI DEPARTMENT OF EDUCATION; TO
66 AMEND SECTION 47-5-579, MISSISSIPPI CODE OF 1972, TO CLARIFY THAT
67 ALL PROGRAM WITHHOLDINGS FROM PARTICIPANTS OF THE PRISON
68 INDUSTRIES CORPORATION'S WORK INITIATIVE PROGRAM SHALL BE
69 CALCULATED BASED UPON PARTICIPANT WAGES AFTER MANDATORY
70 DEDUCTIONS; TO REQUIRE ACCOUNTING OF ANY DEPENDENT SUPPORT
71 PAYMENTS, FINES, RESTITUTIONS, FEES OR COSTS, AS ORDERED BY THE
72 COURT, BE REPORTED FOR EACH WORK INITIATIVE PARTICIPANT; TO
73 REQUIRE THAT THE REMAINING SENTENCE LENGTH OF SUCH PARTICIPANT BE
74 COLLECTED, MAINTAINED AND REPORTED; AND TO REQUIRE THAT A
75 FINANCIAL ACCOUNT CREATION DATE BE COLLECTED, MAINTAINED AND
76 REPORTED FOR EACH PARTICIPANT; TO AMEND SECTION 37-28-7,
77 MISSISSIPPI CODE OF 1972, TO ESTABLISH STAGGERED TERMS OF OFFICE
78 FOR MEMBERS OF THE CHARTER SCHOOL AUTHORIZER BOARD; TO AMEND
79 SECTION 37-28-11, MISSISSIPPI CODE OF 1972, TO ALLOW FOR THE
80 MISSISSIPPI CHARTER SCHOOL AUTHORIZER BOARD TO RECEIVE UP TO 3% OF
81 ANNUAL PER-PUPIL ALLOCATIONS RECEIVED BY A CHARTER SCHOOL FROM
82 STATE AND LOCAL FUNDS FOR EACH CHARTER SCHOOL IT AUTHORIZES; TO
83 AMEND SECTION 5-3-59, MISSISSIPPI CODE OF 1972, TO PROVIDE FOR
84 CRIMINAL PENALTIES FOR PERSONS WHO FAIL TO COMPLY WITH SUBPOENAS
85 OF THE PEER COMMITTEE; TO CREATE NEW SECTION 5-3-60, MISSISSIPPI



86 CODE OF 1972, TO PROVIDE FOR CIVIL ENFORCEMENT OF PEER COMMITTEE
87 SUBPOENAS; TO AMEND SECTION 5-1-23 and 5-1-25, MISSISSIPPI CODE OF
88 1972, TO PROVIDE THAT THESE PROVISIONS RELATING TO WITNESSES
89 BEFORE LEGISLATIVE COMMITTEES ARE NOT APPLICABLE TO SUBPOENAS
90 ISSUED BY THE PEER COMMITTEE; TO AMEND SECTION 5-1-35, MISSISSIPPI
91 CODE OF 1972, TO PROVIDE THAT THE SERGEANT-AT-ARMS OF THE SENATE
92 SHALL SERVE PEER COMMITTEE SUBPOENAS UPON REQUEST; TO AMEND
93 SECTION 29-13-1, MISSISSIPPI CODE OF 1972, TO ALLOW FOR THE
94 DEPARTMENT OF FINANCE AND ADMINISTRATION TO ESTABLISH A
95 SELF-INSURANCE FUND OR SELF-INSURANCE RESERVES, OR ANY COMBINATION
96 THEREOF, TO INSURE STATE-OWNED BUILDINGS AND CONTENTS; TO REQUIRE
97 THE MISSISSIPPI SELF-INSURANCE TASK FORCE TO REPORT ON THE COST
98 BENEFITS OF SELF-INSURING BEFORE FUNDS ARE EXPENDED TO
99 SELF-INSURE; TO CREATE THE MISSISSIPPI SELF-INSURANCE TASK FORCE
100 TO STUDY, REPORT AND MAKE RECOMMENDATIONS REGARDING A
101 SELF-INSURANCE PLAN; TO PROVIDE CERTAIN ITEMS FOR THE TASK FORCE
102 TO STUDY, REPORT AND MAKE RECOMMENDATIONS ON; TO PROVIDE FOR THE
103 MEMBERSHIP AND MEETING PROCEDURE OF THE TASK FORCE; TO REQUIRE THE
104 TASK FORCE TO MAKE A REPORT OF ITS FINDINGS AND RECOMMENDATIONS,
105 INCLUDING ANY RECOMMENDED LEGISLATION, TO THE LIEUTENANT GOVERNOR,
106 SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE CHAIRS OF THE
107 INSURANCE COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND SENATE ON
108 OR BEFORE NOVEMBER 1, 2024, AT WHICH TIME THE TASK FORCE WILL BE
109 DISSOLVED; TO AMEND SECTION 31-11-3, MISSISSIPPI CODE OF 1972, TO
110 CONFORM; TO BRING FORWARD SECTIONS 37-29-67, 41-73-31, 37-7-303
111 AND 37-101-15, MISSISSIPPI CODE OF 1972, FOR THE PURPOSE OF
112 POSSIBLE AMENDMENT; AND FOR RELATED PURPOSES.

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

114 **SECTION 1.** The provisions of this may be known and cited as
115 the "Transparency in Government Act."

116 **SECTION 2.** The following shall be codified as Section
117 5-3-77, Mississippi Code of 1972:

118 5-3-77. (1) In addition to other duties and
119 responsibilities set out in this chapter, the PEER Committee is
120 authorized to establish a program of reviewing selected newly
121 adopted state agency administrative rules. Such reviews shall
122 produce a report to the Legislature on newly adopted state agency
123 administrative rules and their conformity to the intent of the law
124 authorizing them, as well as any other matter the committee



125 considers appropriate. Such reports shall also contain a
126 recommendation for legislative action in cases where the committee
127 believes that such is appropriate.

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

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

137 37-3-5. (1) (a) The State Department of Education is
138 hereby charged with the execution of all laws relating to the
139 administrative, supervisory and consultative services to the
140 public schools and agricultural high schools of the school
141 districts throughout the State of Mississippi. The State
142 Department of Education is also authorized to grant property to
143 public school districts and agricultural high schools of the State
144 of Mississippi.

145 (b) Subject to the direction of the State Board of
146 Education as provided by law, the administration, management and
147 control of the department is hereby vested in the State
148 Superintendent of Public Education, who shall be directly
149 responsible for the rightful functioning thereof.



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

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

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

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

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

165 37-9-59. (1) For incompetence, neglect of duty, immoral
166 conduct, intemperance, brutal treatment of a pupil or other good
167 cause the superintendent of schools may dismiss or suspend any
168 licensed employee in any school district. Before being so
169 dismissed or suspended any licensed employee shall be notified of
170 the charges against him and he shall be advised that he is
171 entitled to a public hearing upon said charges. Provided,
172 however, that a school superintendent whose employment has been
173 terminated under this section shall not have the right to request
174 a hearing before the school board or a hearing officer. Provided,



175 however, that a licensed employee in a conservator school district
176 whose employment has been terminated under this section for good
177 cause as determined by a conservator appointed by the State Board
178 of Education shall not have a right to request a hearing before
179 the school board, a hearing officer or the State Board of
180 Education. The conservator has the right to immediately terminate
181 a licensed employee under this section. In the event the
182 continued presence of said employee on school premises poses a
183 potential threat or danger to the health, safety or general
184 welfare of the students, or, in the discretion of the
185 superintendent, may interfere with or cause a disruption of normal
186 school operations, the superintendent may immediately release said
187 employee of all duties pending a hearing if one is requested by
188 the employee. In the event a licensed employee is arrested,
189 indicted or otherwise charged with a felony by a recognized law
190 enforcement official, the continued presence of the licensed
191 employee on school premises shall be deemed to constitute a
192 disruption of normal school operations. The school board, upon a
193 request for a hearing by the person so suspended or removed shall
194 set a date, time and place for such hearing which shall be not
195 sooner than five (5) days nor later than thirty (30) days from the
196 date of the request. The procedure for such hearing shall be as
197 prescribed for hearings before the board or hearing officer in
198 Section 37-9-111. From the decision made at said hearing, any
199 licensed employee shall be allowed an appeal to the chancery court



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

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

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



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

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

229 37-13-137. (1) The State Board of Education shall adopt
230 regulations as provided in this section not later than March 1,
231 2008, which shall be effective for compliance by school districts
232 beginning with the 2008-2009 school year, for the Child Nutrition
233 School Breakfast and Lunch Programs that are not in conflict with
234 the regulations of the United States Department of Agriculture
235 (USDA). The regulations shall take into account the most recent
236 and advanced scientific principles regarding good human health and
237 fitness, and the effect of the regulations must be that the good
238 health, well-being and fitness of Mississippi school children
239 shall be advanced. The regulations shall include, but not be
240 limited to, the following areas:

- 241 (a) Healthy food and beverage choices;
- 242 (b) Healthy food preparation;
- 243 (c) Marketing of healthy food choices to students and
244 staff;
- 245 (d) Food preparation ingredients and products;
- 246 (e) Minimum and maximum time allotment for students and
247 staff lunch and breakfast periods;



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

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

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

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

270 (4) The State Department of Education shall develop guidance
271 to help district nutrition programs improve their meals per labor
272 hour to ensure efficiency and productivity in food service in



273 schools. The department shall develop a standardized guide to
274 assist districts with strategies to increase their breakfast
275 participation rates.

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

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

282 37-37-1. (1) The State Department of Education is hereby
283 authorized and directed to prescribe and formulate for use by all
284 school districts of this state, including municipal separate
285 school districts, adequate accounting systems and other essential
286 financial records which shall be uniform for all of the school
287 districts of this state. Such uniform system shall include a
288 method of accounting for and keeping records of all funds
289 received, handled and disbursed by such school district, whether
290 derived from taxation or otherwise, including funds derived from
291 donations, athletic events and other special activities of the
292 school district. The uniform system of accounts so prescribed and
293 formulated by the State Department of Education shall be
294 distributed and disseminated to all of the school districts of
295 this state and it shall be mandatory that the boards of trustees
296 of all such school districts install, utilize and follow said
297 uniform system of accounts in keeping the financial records of the



298 school district. At the request of the Mississippi Department of
299 Education, the Office of the State Auditor shall provide advice
300 for implementation of this section.

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

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

311 37-41-13. (1) All routes shall be laid out so as to place
312 all pupils entitled to transportation within a reasonable distance
313 of same. No child entitled to transportation shall be required to
314 walk a greater distance than one mile to reach the vehicle of
315 transportation in the morning or to reach his home in the
316 afternoon.

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

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



322 43-13-117. (A) Medicaid as authorized by this article shall
323 include payment of part or all of the costs, at the discretion of
324 the division, with approval of the Governor and the Centers for
325 Medicare and Medicaid Services, of the following types of care and
326 services rendered to eligible applicants who have been determined
327 to be eligible for that care and services, within the limits of
328 state appropriations and federal matching funds:

329 (1) Inpatient hospital services.

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

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

339 (2) Outpatient hospital services.

340 (a) Emergency services.

341 (b) Other outpatient hospital services. The
342 division shall allow benefits for other medically necessary
343 outpatient hospital services (such as chemotherapy, radiation,
344 surgery and therapy), including outpatient services in a clinic or
345 other facility that is not located inside the hospital, but that
346 has been designated as an outpatient facility by the hospital, and



347 that was in operation or under construction on July 1, 2009,
348 provided that the costs and charges associated with the operation
349 of the hospital clinic are included in the hospital's cost report.
350 In addition, the Medicare thirty-five-mile rule will apply to
351 those hospital clinics not located inside the hospital that are
352 constructed after July 1, 2009. Where the same services are
353 reimbursed as clinic services, the division may revise the rate or
354 methodology of outpatient reimbursement to maintain consistency,
355 efficiency, economy and quality of care.

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

367 (d) No service benefits or reimbursement
368 limitations in this subsection (A) (2) shall apply to payments
369 under an APR-DRG or APC model or a managed care program or similar
370 model described in subsection (H) of this section unless
371 specifically authorized by the division.



372 (3) Laboratory and x-ray services.

373 (4) Nursing facility services.

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

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

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



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

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

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

419 The division shall apply for necessary federal waivers to
420 assure that additional services providing alternatives to nursing



421 facility care are made available to applicants for nursing
422 facility care.

423 (5) Periodic screening and diagnostic services for
424 individuals under age twenty-one (21) years as are needed to
425 identify physical and mental defects and to provide health care
426 treatment and other measures designed to correct or ameliorate
427 defects and physical and mental illness and conditions discovered
428 by the screening services, regardless of whether these services
429 are included in the state plan. The division may include in its
430 periodic screening and diagnostic program those discretionary
431 services authorized under the federal regulations adopted to
432 implement Title XIX of the federal Social Security Act, as
433 amended. The division, in obtaining physical therapy services,
434 occupational therapy services, and services for individuals with
435 speech, hearing and language disorders, may enter into a
436 cooperative agreement with the State Department of Education for
437 the provision of those services to handicapped students by public
438 school districts using state funds that are provided from the
439 appropriation to the Department of Education to obtain federal
440 matching funds through the division. The division, in obtaining
441 medical and mental health assessments, treatment, care and
442 services for children who are in, or at risk of being put in, the
443 custody of the Mississippi Department of Human Services may enter
444 into a cooperative agreement with the Mississippi Department of
445 Human Services for the provision of those services using state



446 funds that are provided from the appropriation to the Department
447 of Human Services to obtain federal matching funds through the
448 division.

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

464 (7) (a) Home health services for eligible persons, not
465 to exceed in cost the prevailing cost of nursing facility
466 services. All home health visits must be precertified as required
467 by the division. In addition to physicians, certified registered
468 nurse practitioners, physician assistants and clinical nurse
469 specialists are authorized to prescribe or order home health
470 services and plans of care, sign home health plans of care,



471 certify and recertify eligibility for home health services and
472 conduct the required initial face-to-face visit with the recipient
473 of the services.

474 (b) [Repealed]

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

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

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

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

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



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

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

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

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



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

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

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

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

542 The dispensing fee for each new or refill prescription,
543 including nonlegend or over-the-counter drugs covered by the



544 division, shall be not less than Three Dollars and Ninety-one
545 Cents (\$3.91), as determined by the division.

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

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

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

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

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

565 The division shall increase the amount of the reimbursement
566 rate for diagnostic and preventative dental services for each of
567 the fiscal years 2022, 2023 and 2024 by five percent (5%) above
568 the amount of the reimbursement rate for the previous fiscal year.



569 The division shall increase the amount of the reimbursement rate
570 for restorative dental services for each of the fiscal years 2023,
571 2024 and 2025 by five percent (5%) above the amount of the
572 reimbursement rate for the previous fiscal year. It is the intent
573 of the Legislature that the reimbursement rate revision for
574 preventative dental services will be an incentive to increase the
575 number of dentists who actively provide Medicaid services. This
576 dental services reimbursement rate revision shall be known as the
577 "James Russell Dumas Medicaid Dental Services Incentive Program."

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

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

590 (11) Eyeglasses for all Medicaid beneficiaries who have
591 (a) had surgery on the eyeball or ocular muscle that results in a
592 vision change for which eyeglasses or a change in eyeglasses is
593 medically indicated within six (6) months of the surgery and is in



594 accordance with policies established by the division, or (b) one
595 (1) pair every five (5) years and in accordance with policies
596 established by the division. In either instance, the eyeglasses
597 must be prescribed by a physician skilled in diseases of the eye
598 or an optometrist, whichever the beneficiary may select.

599 (12) Intermediate care facility services.

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

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

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

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

617 (14) Clinic services. Preventive, diagnostic,
618 therapeutic, rehabilitative or palliative services that are



619 furnished by a facility that is not part of a hospital but is
620 organized and operated to provide medical care to outpatients.
621 Clinic services include, but are not limited to:

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

624 (b) Dialysis center services.

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

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



644 provided in the community by a facility or program operated by the
645 Department of Mental Health. Any such services provided by a
646 facility described in subparagraph (b) must have the prior
647 approval of the division to be reimbursable under this section.

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

666 (18) (a) Notwithstanding any other provision of this
667 section to the contrary, as provided in the Medicaid state plan
668 amendment or amendments as defined in Section 43-13-145(10), the



669 division shall make additional reimbursement to hospitals that
670 serve a disproportionate share of low-income patients and that
671 meet the federal requirements for those payments as provided in
672 Section 1923 of the federal Social Security Act and any applicable
673 regulations. It is the intent of the Legislature that the
674 division shall draw down all available federal funds allotted to
675 the state for disproportionate share hospitals. However, from and
676 after January 1, 1999, public hospitals participating in the
677 Medicaid disproportionate share program may be required to
678 participate in an intergovernmental transfer program as provided
679 in Section 1903 of the federal Social Security Act and any
680 applicable regulations.

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

688 2. The division shall establish a
689 Medicaid Supplemental Payment Program, as permitted by the federal
690 Social Security Act and a comparable allowable delivery system or
691 provider payment initiative authorized under 42 CFR 438.6(c), for
692 emergency ambulance transportation providers in accordance with
693 this subsection (A)(18)(b).



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

715 (iii) Subject to approval by the Centers for
716 Medicare and Medicaid Services (CMS) and the provisions of this
717 subsection (A) (18) (b), the division shall make additional
718 reimbursement to hospitals, nursing facilities, and emergency



719 ambulance transportation providers for the Medicare Upper Payment
720 Limits Program or other program(s) authorized under this
721 subsection (A) (18) (b), and, if the program is established for
722 physicians, shall make additional reimbursement for physicians, as
723 defined in Section 1902(a) (30) of the federal Social Security Act
724 and any applicable federal regulations, provided the assessment in
725 this subsection (A) (18) (b) is in effect.

726 (iv) Notwithstanding any other provision of
727 this article to the contrary, effective upon implementation of the
728 Mississippi Hospital Access Program (MHAP) provided in
729 subparagraph (c) (i) below, the hospital portion of the inpatient
730 Upper Payment Limits Program shall transition into and be replaced
731 by the MHAP program. However, the division is authorized to
732 develop and implement an alternative fee-for-service Upper Payment
733 Limits model in accordance with federal laws and regulations if
734 necessary to preserve supplemental funding. Further, the
735 division, in consultation with the hospital industry shall develop
736 alternative models for distribution of medical claims and
737 supplemental payments for inpatient and outpatient hospital
738 services, and such models may include, but shall not be limited to
739 the following: increasing rates for inpatient and outpatient
740 services; creating a low-income utilization pool of funds to
741 reimburse hospitals for the costs of uncompensated care, charity
742 care and bad debts as permitted and approved pursuant to federal
743 regulations and the Centers for Medicare and Medicaid Services;



744 supplemental payments based upon Medicaid utilization, quality,
745 service lines and/or costs of providing such services to Medicaid
746 beneficiaries and to uninsured patients. The goals of such
747 payment models shall be to ensure access to inpatient and
748 outpatient care and to maximize any federal funds that are
749 available to reimburse hospitals for services provided. Any such
750 documents required to achieve the goals described in this
751 paragraph shall be submitted to the Centers for Medicare and
752 Medicaid Services, with a proposed effective date of July 1, 2019,
753 to the extent possible, but in no event shall the effective date
754 of such payment models be later than July 1, 2020. The Chairmen
755 of the Senate and House Medicaid Committees shall be provided a
756 copy of the proposed payment model(s) prior to submission.
757 Effective July 1, 2018, and until such time as any payment
758 model(s) as described above become effective, the division, in
759 consultation with the hospital industry, is authorized to
760 implement a transitional program for inpatient and outpatient
761 payments and/or supplemental payments (including, but not limited
762 to, MHAP and directed payments), to redistribute available
763 supplemental funds among hospital providers, provided that when
764 compared to a hospital's prior year supplemental payments,
765 supplemental payments made pursuant to any such transitional
766 program shall not result in a decrease of more than five percent
767 (5%) and shall not increase by more than the amount needed to
768 maximize the distribution of the available funds.



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

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

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

788 b. In addition to any other funds
789 paid to ambulance transportation service providers for emergency
790 medical services provided to Medicaid beneficiaries, each eligible
791 ambulance transportation service provider shall receive ambulance
792 service access payments each state fiscal year equal to the
793 ambulance transportation service provider's upper payment limit



794 gap. Subject to approval by the Centers for Medicare and Medicaid
795 Services, ambulance service access payments shall be made no less
796 than on a quarterly basis.

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

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

807 (c) (i) Not later than December 1, 2015, the
808 division shall, subject to approval by the Centers for Medicare
809 and Medicaid Services (CMS), establish, implement and operate a
810 Mississippi Hospital Access Program (MHAP) for the purpose of
811 protecting patient access to hospital care through hospital
812 inpatient reimbursement programs provided in this section designed
813 to maintain total hospital reimbursement for inpatient services
814 rendered by in-state hospitals and the out-of-state hospital that
815 is authorized by federal law to submit intergovernmental transfers
816 (IGTs) to the State of Mississippi and is classified as Level I
817 trauma center located in a county contiguous to the state line at
818 the maximum levels permissible under applicable federal statutes



819 and regulations, at which time the current inpatient Medicare
820 Upper Payment Limits (UPL) Program for hospital inpatient services
821 shall transition to the MHAP.

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

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

839 (iv) The division shall assess each hospital
840 as provided in Section 43-13-145(4) (a) for the purpose of
841 financing the state portion of the MHAP, supplemental payments and
842 such other purposes as specified in Section 43-13-145. The



843 assessment will remain in effect as long as the MHAP and
844 supplemental payments are in effect.

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

858 (b) Early intervention system services. The
859 division shall cooperate with the State Department of Health,
860 acting as lead agency, in the development and implementation of a
861 statewide system of delivery of early intervention services, under
862 Part C of the Individuals with Disabilities Education Act (IDEA).
863 The State Department of Health shall certify annually in writing
864 to the executive director of the division the dollar amount of
865 state early intervention funds available that will be utilized as
866 a certified match for Medicaid matching funds. Those funds then
867 shall be used to provide expanded targeted case management



868 services for Medicaid eligible children with special needs who are
869 eligible for the state's early intervention system.

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

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

883 (21) Nurse practitioner services. Services furnished
884 by a registered nurse who is licensed and certified by the
885 Mississippi Board of Nursing as a nurse practitioner, including,
886 but not limited to, nurse anesthetists, nurse midwives, family
887 nurse practitioners, family planning nurse practitioners,
888 pediatric nurse practitioners, obstetrics-gynecology nurse
889 practitioners and neonatal nurse practitioners, under regulations
890 adopted by the division. Reimbursement for those services shall
891 not exceed ninety percent (90%) of the reimbursement rate for
892 comparable services rendered by a physician. The division may



893 provide for a reimbursement rate for nurse practitioner services
894 of up to one hundred percent (100%) of the reimbursement rate for
895 comparable services rendered by a physician for nurse practitioner
896 services that are provided after the normal working hours of the
897 nurse practitioner, as determined in accordance with regulations
898 of the division.

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

914 (23) Inpatient psychiatric services.

915 (a) Inpatient psychiatric services to be
916 determined by the division for recipients under age twenty-one
917 (21) that are provided under the direction of a physician in an



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

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

938 (24) [Deleted]

939 (25) [Deleted]

940 (26) Hospice care. As used in this paragraph, the term
941 "hospice care" means a coordinated program of active professional
942 medical attention within the home and outpatient and inpatient



943 care that treats the terminally ill patient and family as a unit,
944 employing a medically directed interdisciplinary team. The
945 program provides relief of severe pain or other physical symptoms
946 and supportive care to meet the special needs arising out of
947 physical, psychological, spiritual, social and economic stresses
948 that are experienced during the final stages of illness and during
949 dying and bereavement and meets the Medicare requirements for
950 participation as a hospice as provided in federal regulations.

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

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

958 (29) The Division of Medicaid may apply for a waiver
959 from the United States Department of Health and Human Services for
960 home- and community-based services for developmentally disabled
961 people using state funds that are provided from the appropriation
962 to the State Department of Mental Health and/or funds transferred
963 to the department by a political subdivision or instrumentality of
964 the state and used to match federal funds under a cooperative
965 agreement between the division and the department, provided that
966 funds for these services are specifically appropriated to the



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

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

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

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

984 (33) Podiatrist services.

985 (34) Assisted living services as provided through
986 home- and community-based services under Title XIX of the federal
987 Social Security Act, as amended, subject to the availability of
988 funds specifically appropriated for that purpose by the
989 Legislature.

990 (35) Services and activities authorized in Sections
991 43-27-101 and 43-27-103, using state funds that are provided from



992 the appropriation to the Mississippi Department of Human Services
993 and used to match federal funds under a cooperative agreement
994 between the division and the department.

995 (36) Nonemergency transportation services for
996 Medicaid-eligible persons as determined by the division. The PEER
997 Committee shall conduct a performance evaluation of the
998 nonemergency transportation program to evaluate the administration
999 of the program and the providers of transportation services to
1000 determine the most cost-effective ways of providing nonemergency
1001 transportation services to the patients served under the program.
1002 The performance evaluation shall be completed and provided to the
1003 members of the Senate Medicaid Committee and the House Medicaid
1004 Committee not later than January 1, * * * 2025, and once
1005 every * * * three (3) years thereafter.

1006 (37) [Deleted]

1007 (38) Chiropractic services. A chiropractor's manual
1008 manipulation of the spine to correct a subluxation, if x-ray
1009 demonstrates that a subluxation exists and if the subluxation has
1010 resulted in a neuromusculoskeletal condition for which
1011 manipulation is appropriate treatment, and related spinal x-rays
1012 performed to document these conditions. Reimbursement for
1013 chiropractic services shall not exceed Seven Hundred Dollars
1014 (\$700.00) per year per beneficiary.

1015 (39) Dually eligible Medicare/Medicaid beneficiaries.
1016 The division shall pay the Medicare deductible and coinsurance



1017 amounts for services available under Medicare, as determined by
1018 the division. From and after July 1, 2009, the division shall
1019 reimburse crossover claims for inpatient hospital services and
1020 crossover claims covered under Medicare Part B in the same manner
1021 that was in effect on January 1, 2008, unless specifically
1022 authorized by the Legislature to change this method.

1023 (40) [Deleted]

1024 (41) Services provided by the State Department of
1025 Rehabilitation Services for the care and rehabilitation of persons
1026 with spinal cord injuries or traumatic brain injuries, as allowed
1027 under waivers from the United States Department of Health and
1028 Human Services, using up to seventy-five percent (75%) of the
1029 funds that are appropriated to the Department of Rehabilitation
1030 Services from the Spinal Cord and Head Injury Trust Fund
1031 established under Section 37-33-261 and used to match federal
1032 funds under a cooperative agreement between the division and the
1033 department.

1034 (42) [Deleted]

1035 (43) The division shall provide reimbursement,
1036 according to a payment schedule developed by the division, for
1037 smoking cessation medications for pregnant women during their
1038 pregnancy and other Medicaid-eligible women who are of
1039 child-bearing age.

1040 (44) Nursing facility services for the severely
1041 disabled.



1042 (a) Severe disabilities include, but are not
1043 limited to, spinal cord injuries, closed-head injuries and
1044 ventilator-dependent patients.

1045 (b) Those services must be provided in a long-term
1046 care nursing facility dedicated to the care and treatment of
1047 persons with severe disabilities.

1048 (45) Physician assistant services. Services furnished
1049 by a physician assistant who is licensed by the State Board of
1050 Medical Licensure and is practicing with physician supervision
1051 under regulations adopted by the board, under regulations adopted
1052 by the division. Reimbursement for those services shall not
1053 exceed ninety percent (90%) of the reimbursement rate for
1054 comparable services rendered by a physician. The division may
1055 provide for a reimbursement rate for physician assistant services
1056 of up to one hundred percent (100%) or the reimbursement rate for
1057 comparable services rendered by a physician for physician
1058 assistant services that are provided after the normal working
1059 hours of the physician assistant, as determined in accordance with
1060 regulations of the division.

1061 (46) The division shall make application to the federal
1062 Centers for Medicare and Medicaid Services (CMS) for a waiver to
1063 develop and provide services for children with serious emotional
1064 disturbances as defined in Section 43-14-1(1), which may include
1065 home- and community-based services, case management services or
1066 managed care services through mental health providers certified by



1067 the Department of Mental Health. The division may implement and
1068 provide services under this waived program only if funds for
1069 these services are specifically appropriated for this purpose by
1070 the Legislature, or if funds are voluntarily provided by affected
1071 agencies.

1072 (47) (a) The division may develop and implement
1073 disease management programs for individuals with high-cost chronic
1074 diseases and conditions, including the use of grants, waivers,
1075 demonstrations or other projects as necessary.

1076 (b) Participation in any disease management
1077 program implemented under this paragraph (47) is optional with the
1078 individual. An individual must affirmatively elect to participate
1079 in the disease management program in order to participate, and may
1080 elect to discontinue participation in the program at any time.

1081 (48) Pediatric long-term acute care hospital services.

1082 (a) Pediatric long-term acute care hospital
1083 services means services provided to eligible persons under
1084 twenty-one (21) years of age by a freestanding Medicare-certified
1085 hospital that has an average length of inpatient stay greater than
1086 twenty-five (25) days and that is primarily engaged in providing
1087 chronic or long-term medical care to persons under twenty-one (21)
1088 years of age.

1089 (b) The services under this paragraph (48) shall
1090 be reimbursed as a separate category of hospital services.



1091 (49) The division may establish copayments and/or
1092 coinsurance for any Medicaid services for which copayments and/or
1093 coinsurance are allowable under federal law or regulation.

1094 (50) Services provided by the State Department of
1095 Rehabilitation Services for the care and rehabilitation of persons
1096 who are deaf and blind, as allowed under waivers from the United
1097 States Department of Health and Human Services to provide home-
1098 and community-based services using state funds that are provided
1099 from the appropriation to the State Department of Rehabilitation
1100 Services or if funds are voluntarily provided by another agency.

1101 (51) Upon determination of Medicaid eligibility and in
1102 association with annual redetermination of Medicaid eligibility,
1103 beneficiaries shall be encouraged to undertake a physical
1104 examination that will establish a base-line level of health and
1105 identification of a usual and customary source of care (a medical
1106 home) to aid utilization of disease management tools. This
1107 physical examination and utilization of these disease management
1108 tools shall be consistent with current United States Preventive
1109 Services Task Force or other recognized authority recommendations.

1110 For persons who are determined ineligible for Medicaid, the
1111 division will provide information and direction for accessing
1112 medical care and services in the area of their residence.

1113 (52) Notwithstanding any provisions of this article,
1114 the division may pay enhanced reimbursement fees related to trauma
1115 care, as determined by the division in conjunction with the State



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

1125 (53) Targeted case management services for high-cost
1126 beneficiaries may be developed by the division for all services
1127 under this section.

1128 (54) [Deleted]

1129 (55) Therapy services. The plan of care for therapy
1130 services may be developed to cover a period of treatment for up to
1131 six (6) months, but in no event shall the plan of care exceed a
1132 six-month period of treatment. The projected period of treatment
1133 must be indicated on the initial plan of care and must be updated
1134 with each subsequent revised plan of care. Based on medical
1135 necessity, the division shall approve certification periods for
1136 less than or up to six (6) months, but in no event shall the
1137 certification period exceed the period of treatment indicated on
1138 the plan of care. The appeal process for any reduction in therapy
1139 services shall be consistent with the appeal process in federal
1140 regulations.



1141 (56) Prescribed pediatric extended care centers
1142 services for medically dependent or technologically dependent
1143 children with complex medical conditions that require continual
1144 care as prescribed by the child's attending physician, as
1145 determined by the division.

1146 (57) No Medicaid benefit shall restrict coverage for
1147 medically appropriate treatment prescribed by a physician and
1148 agreed to by a fully informed individual, or if the individual
1149 lacks legal capacity to consent by a person who has legal
1150 authority to consent on his or her behalf, based on an
1151 individual's diagnosis with a terminal condition. As used in this
1152 paragraph (57), "terminal condition" means any aggressive
1153 malignancy, chronic end-stage cardiovascular or cerebral vascular
1154 disease, or any other disease, illness or condition which a
1155 physician diagnoses as terminal.

1156 (58) Treatment services for persons with opioid
1157 dependency or other highly addictive substance use disorders. The
1158 division is authorized to reimburse eligible providers for
1159 treatment of opioid dependency and other highly addictive
1160 substance use disorders, as determined by the division. Treatment
1161 related to these conditions shall not count against any physician
1162 visit limit imposed under this section.

1163 (59) The division shall allow beneficiaries between the
1164 ages of ten (10) and eighteen (18) years to receive vaccines
1165 through a pharmacy venue. The division and the State Department



1166 of Health shall coordinate and notify OB-GYN providers that the
1167 Vaccines for Children program is available to providers free of
1168 charge.

1169 (60) Border city university-affiliated pediatric
1170 teaching hospital.

1171 (a) Payments may only be made to a border city
1172 university-affiliated pediatric teaching hospital if the Centers
1173 for Medicare and Medicaid Services (CMS) approve an increase in
1174 the annual request for the provider payment initiative authorized
1175 under 42 CFR Section 438.6(c) in an amount equal to or greater
1176 than the estimated annual payment to be made to the border city
1177 university-affiliated pediatric teaching hospital. The estimate
1178 shall be based on the hospital's prior year Mississippi managed
1179 care utilization.

1180 (b) As used in this paragraph (60), the term
1181 "border city university-affiliated pediatric teaching hospital"
1182 means an out-of-state hospital located within a city bordering the
1183 eastern bank of the Mississippi River and the State of Mississippi
1184 that submits to the division a copy of a current and effective
1185 affiliation agreement with an accredited university and other
1186 documentation establishing that the hospital is
1187 university-affiliated, is licensed and designated as a pediatric
1188 hospital or pediatric primary hospital within its home state,
1189 maintains at least five (5) different pediatric specialty training
1190 programs, and maintains at least one hundred (100) operated beds



1191 dedicated exclusively for the treatment of patients under the age
1192 of twenty-one (21) years.

1193 (c) The cost of providing services to Mississippi
1194 Medicaid beneficiaries under the age of twenty-one (21) years who
1195 are treated by a border city university-affiliated pediatric
1196 teaching hospital shall not exceed the cost of providing the same
1197 services to individuals in hospitals in the state.

1198 (d) It is the intent of the Legislature that
1199 payments shall not result in any in-state hospital receiving
1200 payments lower than they would otherwise receive if not for the
1201 payments made to any border city university-affiliated pediatric
1202 teaching hospital.

1203 (e) This paragraph (60) shall stand repealed on
1204 July 1, 2024.

1205 (B) Planning and development districts participating in the
1206 home- and community-based services program for the elderly and
1207 disabled as case management providers shall be reimbursed for case
1208 management services at the maximum rate approved by the Centers
1209 for Medicare and Medicaid Services (CMS).

1210 (C) The division may pay to those providers who participate
1211 in and accept patient referrals from the division's emergency room
1212 redirection program a percentage, as determined by the division,
1213 of savings achieved according to the performance measures and
1214 reduction of costs required of that program. Federally qualified
1215 health centers may participate in the emergency room redirection



1216 program, and the division may pay those centers a percentage of
1217 any savings to the Medicaid program achieved by the centers'
1218 accepting patient referrals through the program, as provided in
1219 this subsection (C).

1220 (D) (1) As used in this subsection (D), the following terms
1221 shall be defined as provided in this paragraph, except as
1222 otherwise provided in this subsection:

1223 (a) "Committees" means the Medicaid Committees of
1224 the House of Representatives and the Senate, and "committee" means
1225 either one of those committees.

1226 (b) "Rate change" means an increase, decrease or
1227 other change in the payments or rates of reimbursement, or a
1228 change in any payment methodology that results in an increase,
1229 decrease or other change in the payments or rates of
1230 reimbursement, to any Medicaid provider that renders any services
1231 authorized to be provided to Medicaid recipients under this
1232 article.

1233 (2) Whenever the Division of Medicaid proposes a rate
1234 change, the division shall give notice to the chairmen of the
1235 committees at least thirty (30) calendar days before the proposed
1236 rate change is scheduled to take effect. The division shall
1237 furnish the chairmen with a concise summary of each proposed rate
1238 change along with the notice, and shall furnish the chairmen with
1239 a copy of any proposed rate change upon request. The division



1240 also shall provide a summary and copy of any proposed rate change
1241 to any other member of the Legislature upon request.

1242 (3) If the chairman of either committee or both
1243 chairmen jointly object to the proposed rate change or any part
1244 thereof, the chairman or chairmen shall notify the division and
1245 provide the reasons for their objection in writing not later than
1246 seven (7) calendar days after receipt of the notice from the
1247 division. The chairman or chairmen may make written
1248 recommendations to the division for changes to be made to a
1249 proposed rate change.

1250 (4) (a) The chairman of either committee or both
1251 chairmen jointly may hold a committee meeting to review a proposed
1252 rate change. If either chairman or both chairmen decide to hold a
1253 meeting, they shall notify the division of their intention in
1254 writing within seven (7) calendar days after receipt of the notice
1255 from the division, and shall set the date and time for the meeting
1256 in their notice to the division, which shall not be later than
1257 fourteen (14) calendar days after receipt of the notice from the
1258 division.

1259 (b) After the committee meeting, the committee or
1260 committees may object to the proposed rate change or any part
1261 thereof. The committee or committees shall notify the division
1262 and the reasons for their objection in writing not later than
1263 seven (7) calendar days after the meeting. The committee or



1264 committees may make written recommendations to the division for
1265 changes to be made to a proposed rate change.

1266 (5) If both chairmen notify the division in writing
1267 within seven (7) calendar days after receipt of the notice from
1268 the division that they do not object to the proposed rate change
1269 and will not be holding a meeting to review the proposed rate
1270 change, the proposed rate change will take effect on the original
1271 date as scheduled by the division or on such other date as
1272 specified by the division.

1273 (6) (a) If there are any objections to a proposed rate
1274 change or any part thereof from either or both of the chairmen or
1275 the committees, the division may withdraw the proposed rate
1276 change, make any of the recommended changes to the proposed rate
1277 change, or not make any changes to the proposed rate change.

1278 (b) If the division does not make any changes to
1279 the proposed rate change, it shall notify the chairmen of that
1280 fact in writing, and the proposed rate change shall take effect on
1281 the original date as scheduled by the division or on such other
1282 date as specified by the division.

1283 (c) If the division makes any changes to the
1284 proposed rate change, the division shall notify the chairmen of
1285 its actions in writing, and the revised proposed rate change shall
1286 take effect on the date as specified by the division.

1287 (7) Nothing in this subsection (D) shall be construed
1288 as giving the chairmen or the committees any authority to veto,



1289 nullify or revise any rate change proposed by the division. The
1290 authority of the chairmen or the committees under this subsection
1291 shall be limited to reviewing, making objections to and making
1292 recommendations for changes to rate changes proposed by the
1293 division.

1294 (E) Notwithstanding any provision of this article, no new
1295 groups or categories of recipients and new types of care and
1296 services may be added without enabling legislation from the
1297 Mississippi Legislature, except that the division may authorize
1298 those changes without enabling legislation when the addition of
1299 recipients or services is ordered by a court of proper authority.

1300 (F) The executive director shall keep the Governor advised
1301 on a timely basis of the funds available for expenditure and the
1302 projected expenditures. Notwithstanding any other provisions of
1303 this article, if current or projected expenditures of the division
1304 are reasonably anticipated to exceed the amount of funds
1305 appropriated to the division for any fiscal year, the Governor,
1306 after consultation with the executive director, shall take all
1307 appropriate measures to reduce costs, which may include, but are
1308 not limited to:

1309 (1) Reducing or discontinuing any or all services that
1310 are deemed to be optional under Title XIX of the Social Security
1311 Act;

1312 (2) Reducing reimbursement rates for any or all service
1313 types;



1314 (3) Imposing additional assessments on health care
1315 providers; or

1316 (4) Any additional cost-containment measures deemed
1317 appropriate by the Governor.

1318 To the extent allowed under federal law, any reduction to
1319 services or reimbursement rates under this subsection (F) shall be
1320 accompanied by a reduction, to the fullest allowable amount, to
1321 the profit margin and administrative fee portions of capitated
1322 payments to organizations described in paragraph (1) of subsection
1323 (H).

1324 Beginning in fiscal year 2010 and in fiscal years thereafter,
1325 when Medicaid expenditures are projected to exceed funds available
1326 for the fiscal year, the division shall submit the expected
1327 shortfall information to the PEER Committee not later than
1328 December 1 of the year in which the shortfall is projected to
1329 occur. PEER shall review the computations of the division and
1330 report its findings to the Legislative Budget Office not later
1331 than January 7 in any year.

1332 (G) Notwithstanding any other provision of this article, it
1333 shall be the duty of each provider participating in the Medicaid
1334 program to keep and maintain books, documents and other records as
1335 prescribed by the Division of Medicaid in accordance with federal
1336 laws and regulations.

1337 (H) (1) Notwithstanding any other provision of this
1338 article, the division is authorized to implement (a) a managed



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

1349 (a) Pay providers at a rate that is less than the
1350 Medicaid All Patient Refined Diagnosis Related Groups (APR-DRG)
1351 reimbursement rate;

1352 (b) Override the medical decisions of hospital
1353 physicians or staff regarding patients admitted to a hospital for
1354 an emergency medical condition as defined by 42 US Code Section
1355 1395dd. This restriction (b) does not prohibit the retrospective
1356 review of the appropriateness of the determination that an
1357 emergency medical condition exists by chart review or coding
1358 algorithm, nor does it prohibit prior authorization for
1359 nonemergency hospital admissions;

1360 (c) Pay providers at a rate that is less than the
1361 normal Medicaid reimbursement rate. It is the intent of the
1362 Legislature that all managed care entities described in this
1363 subsection (H), in collaboration with the division, develop and



1364 implement innovative payment models that incentivize improvements
1365 in health care quality, outcomes, or value, as determined by the
1366 division. Participation in the provider network of any managed
1367 care, coordinated care, provider-sponsored health plan, or similar
1368 contractor shall not be conditioned on the provider's agreement to
1369 accept such alternative payment models;

1370 (d) Implement a prior authorization and
1371 utilization review program for medical services, transportation
1372 services and prescription drugs that is more stringent than the
1373 prior authorization processes used by the division in its
1374 administration of the Medicaid program. Not later than December
1375 2, 2021, the contractors that are receiving capitated payments
1376 under a managed care delivery system established under this
1377 subsection (H) shall submit a report to the Chairmen of the House
1378 and Senate Medicaid Committees on the status of the prior
1379 authorization and utilization review program for medical services,
1380 transportation services and prescription drugs that is required to
1381 be implemented under this subparagraph (d);

1382 (e) [Deleted]

1383 (f) Implement a preferred drug list that is more
1384 stringent than the mandatory preferred drug list established by
1385 the division under subsection (A) (9) of this section;

1386 (g) Implement a policy which denies beneficiaries
1387 with hemophilia access to the federally funded hemophilia



1388 treatment centers as part of the Medicaid Managed Care network of
1389 providers.

1390 Each health maintenance organization, coordinated care
1391 organization, provider-sponsored health plan, or other
1392 organization paid for services on a capitated basis by the
1393 division under any managed care program or coordinated care
1394 program implemented by the division under this section shall use a
1395 clear set of level of care guidelines in the determination of
1396 medical necessity and in all utilization management practices,
1397 including the prior authorization process, concurrent reviews,
1398 retrospective reviews and payments, that are consistent with
1399 widely accepted professional standards of care. Organizations
1400 participating in a managed care program or coordinated care
1401 program implemented by the division may not use any additional
1402 criteria that would result in denial of care that would be
1403 determined appropriate and, therefore, medically necessary under
1404 those levels of care guidelines.

1405 (2) Notwithstanding any provision of this section, the
1406 recipients eligible for enrollment into a Medicaid Managed Care
1407 Program authorized under this subsection (H) may include only
1408 those categories of recipients eligible for participation in the
1409 Medicaid Managed Care Program as of January 1, 2021, the
1410 Children's Health Insurance Program (CHIP), and the CMS-approved
1411 Section 1115 demonstration waivers in operation as of January 1,
1412 2021. No expansion of Medicaid Managed Care Program contracts may



1413 be implemented by the division without enabling legislation from
1414 the Mississippi Legislature.

1415 (3) (a) Any contractors receiving capitated payments
1416 under a managed care delivery system established in this section
1417 shall provide to the Legislature and the division statistical data
1418 to be shared with provider groups in order to improve patient
1419 access, appropriate utilization, cost savings and health outcomes
1420 not later than October 1 of each year. Additionally, each
1421 contractor shall disclose to the Chairmen of the Senate and House
1422 Medicaid Committees the administrative expenses costs for the
1423 prior calendar year, and the number of full-equivalent employees
1424 located in the State of Mississippi dedicated to the Medicaid and
1425 CHIP lines of business as of June 30 of the current year.

1426 (b) The division and the contractors participating
1427 in the managed care program, a coordinated care program or a
1428 provider-sponsored health plan shall be subject to annual program
1429 reviews or audits performed by the Office of the State Auditor,
1430 the PEER Committee, the Department of Insurance and/or independent
1431 third parties.

1432 (c) Those reviews shall include, but not be
1433 limited to, at least two (2) of the following items:

1434 (i) The financial benefit to the State of
1435 Mississippi of the managed care program,



1436 (ii) The difference between the premiums paid
1437 to the managed care contractors and the payments made by those
1438 contractors to health care providers,
1439 (iii) Compliance with performance measures
1440 required under the contracts,
1441 (iv) Administrative expense allocation
1442 methodologies,
1443 (v) Whether nonprovider payments assigned as
1444 medical expenses are appropriate,
1445 (vi) Capitated arrangements with related
1446 party subcontractors,
1447 (vii) Reasonableness of corporate
1448 allocations,
1449 (viii) Value-added benefits and the extent to
1450 which they are used,
1451 (ix) The effectiveness of subcontractor
1452 oversight, including subcontractor review,
1453 (x) Whether health care outcomes have been
1454 improved, and
1455 (xi) The most common claim denial codes to
1456 determine the reasons for the denials.

1457 The audit reports shall be considered public documents and
1458 shall be posted in their entirety on the division's website.

1459 (4) All health maintenance organizations, coordinated
1460 care organizations, provider-sponsored health plans, or other



1461 organizations paid for services on a capitated basis by the
1462 division under any managed care program or coordinated care
1463 program implemented by the division under this section shall
1464 reimburse all providers in those organizations at rates no lower
1465 than those provided under this section for beneficiaries who are
1466 not participating in those programs.

1467 (5) No health maintenance organization, coordinated
1468 care organization, provider-sponsored health plan, or other
1469 organization paid for services on a capitated basis by the
1470 division under any managed care program or coordinated care
1471 program implemented by the division under this section shall
1472 require its providers or beneficiaries to use any pharmacy that
1473 ships, mails or delivers prescription drugs or legend drugs or
1474 devices.

1475 (6) (a) Not later than December 1, 2021, the
1476 contractors who are receiving capitated payments under a managed
1477 care delivery system established under this subsection (H) shall
1478 develop and implement a uniform credentialing process for
1479 providers. Under that uniform credentialing process, a provider
1480 who meets the criteria for credentialing will be credentialed with
1481 all of those contractors and no such provider will have to be
1482 separately credentialed by any individual contractor in order to
1483 receive reimbursement from the contractor. Not later than
1484 December 2, 2021, those contractors shall submit a report to the
1485 Chairmen of the House and Senate Medicaid Committees on the status



1486 of the uniform credentialing process for providers that is
1487 required under this subparagraph (a).

1488 (b) If those contractors have not implemented a
1489 uniform credentialing process as described in subparagraph (a) by
1490 December 1, 2021, the division shall develop and implement, not
1491 later than July 1, 2022, a single, consolidated credentialing
1492 process by which all providers will be credentialed. Under the
1493 division's single, consolidated credentialing process, no such
1494 contractor shall require its providers to be separately
1495 credentialed by the contractor in order to receive reimbursement
1496 from the contractor, but those contractors shall recognize the
1497 credentialing of the providers by the division's credentialing
1498 process.

1499 (c) The division shall require a uniform provider
1500 credentialing application that shall be used in the credentialing
1501 process that is established under subparagraph (a) or (b). If the
1502 contractor or division, as applicable, has not approved or denied
1503 the provider credentialing application within sixty (60) days of
1504 receipt of the completed application that includes all required
1505 information necessary for credentialing, then the contractor or
1506 division, upon receipt of a written request from the applicant and
1507 within five (5) business days of its receipt, shall issue a
1508 temporary provider credential/enrollment to the applicant if the
1509 applicant has a valid Mississippi professional or occupational
1510 license to provide the health care services to which the



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

1526 (d) If the contractor or division does not render
1527 a final decision regarding credentialing/enrollment of the
1528 provider within the time required in subparagraph (c), the
1529 provider shall be deemed to be credentialed by and enrolled with
1530 all of the contractors and eligible to receive reimbursement from
1531 the contractors.

1532 (7) (a) Each contractor that is receiving capitated
1533 payments under a managed care delivery system established under
1534 this subsection (H) shall provide to each provider for whom the
1535 contractor has denied the coverage of a procedure that was ordered



1536 or requested by the provider for or on behalf of a patient, a
1537 letter that provides a detailed explanation of the reasons for the
1538 denial of coverage of the procedure and the name and the
1539 credentials of the person who denied the coverage. The letter
1540 shall be sent to the provider in electronic format.

1541 (b) After a contractor that is receiving capitated
1542 payments under a managed care delivery system established under
1543 this subsection (H) has denied coverage for a claim submitted by a
1544 provider, the contractor shall issue to the provider within sixty
1545 (60) days a final ruling of denial of the claim that allows the
1546 provider to have a state fair hearing and/or agency appeal with
1547 the division. If a contractor does not issue a final ruling of
1548 denial within sixty (60) days as required by this subparagraph
1549 (b), the provider's claim shall be deemed to be automatically
1550 approved and the contractor shall pay the amount of the claim to
1551 the provider.

1552 (c) After a contractor has issued a final ruling
1553 of denial of a claim submitted by a provider, the division shall
1554 conduct a state fair hearing and/or agency appeal on the matter of
1555 the disputed claim between the contractor and the provider within
1556 sixty (60) days, and shall render a decision on the matter within
1557 thirty (30) days after the date of the hearing and/or appeal.

1558 (8) It is the intention of the Legislature that the
1559 division evaluate the feasibility of using a single vendor to
1560 administer pharmacy benefits provided under a managed care



1561 delivery system established under this subsection (H). Providers
1562 of pharmacy benefits shall cooperate with the division in any
1563 transition to a carve-out of pharmacy benefits under managed care.

1564 (9) The division shall evaluate the feasibility of
1565 using a single vendor to administer dental benefits provided under
1566 a managed care delivery system established in this subsection (H).
1567 Providers of dental benefits shall cooperate with the division in
1568 any transition to a carve-out of dental benefits under managed
1569 care.

1570 (10) It is the intent of the Legislature that any
1571 contractor receiving capitated payments under a managed care
1572 delivery system established in this section shall implement
1573 innovative programs to improve the health and well-being of
1574 members diagnosed with prediabetes and diabetes.

1575 (11) It is the intent of the Legislature that any
1576 contractors receiving capitated payments under a managed care
1577 delivery system established under this subsection (H) shall work
1578 with providers of Medicaid services to improve the utilization of
1579 long-acting reversible contraceptives (LARCs). Not later than
1580 December 1, 2021, any contractors receiving capitated payments
1581 under a managed care delivery system established under this
1582 subsection (H) shall provide to the Chairmen of the House and
1583 Senate Medicaid Committees and House and Senate Public Health
1584 Committees a report of LARC utilization for State Fiscal Years
1585 2018 through 2020 as well as any programs, initiatives, or efforts



1586 made by the contractors and providers to increase LARC
1587 utilization. This report shall be updated annually to include
1588 information for subsequent state fiscal years.

1589 (12) The division is authorized to make not more than
1590 one (1) emergency extension of the contracts that are in effect on
1591 July 1, 2021, with contractors who are receiving capitated
1592 payments under a managed care delivery system established under
1593 this subsection (H), as provided in this paragraph (12). The
1594 maximum period of any such extension shall be one (1) year, and
1595 under any such extensions, the contractors shall be subject to all
1596 of the provisions of this subsection (H). The extended contracts
1597 shall be revised to incorporate any provisions of this subsection
1598 (H).

1599 (I) [Deleted]

1600 (J) There shall be no cuts in inpatient and outpatient
1601 hospital payments, or allowable days or volumes, as long as the
1602 hospital assessment provided in Section 43-13-145 is in effect.
1603 This subsection (J) shall not apply to decreases in payments that
1604 are a result of: reduced hospital admissions, audits or payments
1605 under the APR-DRG or APC models, or a managed care program or
1606 similar model described in subsection (H) of this section.

1607 (K) In the negotiation and execution of such contracts
1608 involving services performed by actuarial firms, the Executive
1609 Director of the Division of Medicaid may negotiate a limitation on
1610 liability to the state of prospective contractors.



1611 (L) The Division of Medicaid shall reimburse for services
1612 provided to eligible Medicaid beneficiaries by a licensed birthing
1613 center in a method and manner to be determined by the division in
1614 accordance with federal laws and federal regulations. The
1615 division shall seek any necessary waivers, make any required
1616 amendments to its State Plan or revise any contracts authorized
1617 under subsection (H) of this section as necessary to provide the
1618 services authorized under this subsection. As used in this
1619 subsection, the term "birthing centers" shall have the meaning as
1620 defined in Section 41-77-1(a), which is a publicly or privately
1621 owned facility, place or institution constructed, renovated,
1622 leased or otherwise established where nonemergency births are
1623 planned to occur away from the mother's usual residence following
1624 a documented period of prenatal care for a normal uncomplicated
1625 pregnancy which has been determined to be low risk through a
1626 formal risk-scoring examination.

1627 (M) This section shall stand repealed on July 1, 2028.

1628 **SECTION 9.** The Legislature finds that:

1629 (a) There is a growing complexity in health professions
1630 that can lead to the overlapping of existing licensed professions;

1631 (b) The Legislature is often called upon to make
1632 decisions about issues related to the scope of professional
1633 practice for multiple regulated health professions; and

1634 (c) A source of sound policy guidance could provide the
1635 Legislature with meaningful assistance in addressing these issues.



1636 **SECTION 10.** (1) There is created the State Board of Health
1637 Professions, which shall consist of one (1) member from each of
1638 the following health regulatory boards:

- 1639 (a) The State Board of Medical Licensure;
- 1640 (b) The State Board of Pharmacy;
- 1641 (c) The Mississippi Board of Nursing;
- 1642 (d) The State Board of Chiropractic Examiners;
- 1643 (e) The State Board of Dental Examiners; and
- 1644 (f) The State Board of Optometry.

1645 (2) The members described in subsection (1) shall be
1646 appointed by the Governor for terms of four (4) years and until
1647 their successor is duly qualified. Terms shall begin on July 1
1648 and end on June 30.

1649 (3) In addition to the members provided for in subsection
1650 (1), there shall be five (5) members to be appointed by the
1651 Governor from the state at large, with the advice and consent of
1652 the Senate. The term for members appointed under this subsection
1653 shall be for four (4) years and until their successor is duly
1654 qualified. Terms shall begin on July 1 and end on June 30. These
1655 members shall not hold a license to practice any of the
1656 professions regulated by the boards listed in subsection (1).

1657 (4) No member of the State Board of Health Professions who
1658 represents a health regulatory board shall continue serving as a
1659 member of the State Board of Health Professions after he or she



1660 ceases to be a member of the health regulatory board from which he
1661 or she was appointed.

1662 **SECTION 11.** The chairman of the State Board of Health
1663 Professions shall be elected by the board from its members. The
1664 board shall meet at least annually and may hold additional
1665 meetings as necessary to perform its duties. Six (6) members of
1666 the board shall constitute a quorum for the conduct of business.
1667 Members of the board shall be entitled to actual travel expenses
1668 including mileage as provided in Section 25-3-41 and a per diem
1669 for attending meetings of the board in the amount provided in
1670 Section 25-3-69.

1671 **SECTION 12.** The State Board of Health Professions shall have
1672 the following powers and duties:

1673 (a) To evaluate the need for coordination among the
1674 health regulatory boards and their staffs and report its findings
1675 and recommendations to the boards;

1676 (b) To evaluate all health care professions and
1677 occupations in the state, including those regulated and those not
1678 regulated by other provisions of Title 73, Mississippi Code of
1679 1972, and to consider whether each such profession or occupation
1680 should be regulated and the degree of regulation to be imposed.
1681 Whenever the board determines that the public interest requires
1682 that a health care profession or occupation that is not regulated
1683 by law should be regulated, the board shall recommend to the



1684 Legislature a regulatory system to establish the appropriate
1685 degree of regulation;

1686 (c) To serve as a forum for resolving conflicts among
1687 the health regulatory boards;

1688 (d) To advise the Governor and the Legislature on
1689 matters relating to the regulation or deregulation of health care
1690 professions and occupations;

1691 (e) To make bylaws for the governing of the board and
1692 the proper fulfillment of its duties under this chapter;

1693 (f) To promote the development of standards to evaluate
1694 the competency of the professions and occupations represented on
1695 the board;

1696 (g) To review periodically the investigatory,
1697 disciplinary, and enforcement processes of the individual health
1698 regulatory boards to ensure the protection of the public and the
1699 fair and equitable treatment of health professionals; and

1700 (h) To examine scope of practice conflicts involving
1701 regulated and unregulated health care professions and occupations
1702 and advise the health regulatory boards and the Legislature of the
1703 nature and degree of such conflicts.

1704 **SECTION 13.** The State Department of Health shall annually
1705 request a budget for the State Board of Health Professions and
1706 shall provide a meeting space and administrative support for the
1707 board's operations.



1708 **SECTION 14.** Sections 9 through 13 of this act shall be
1709 codified as a new Chapter 44 in Title 73, Mississippi Code of
1710 1972.

1711 **SECTION 15.** Section 37-181-5, Mississippi Code of 1972, is
1712 amended as follows:

1713 37-181-5. (1) An eligible student shall qualify to
1714 participate in the ESA program if the parent or guardian signs an
1715 agreement promising:

1716 (a) To provide an organized, appropriate educational
1717 program with measurable annual goals to their participating
1718 student and to provide an education for the participating student
1719 in at least the subjects of reading, grammar, mathematics, social
1720 studies and science;

1721 (b) To document their participating student's
1722 disability at intervals and in a manner required under subsection
1723 (8) of this section;

1724 (c) Not to enroll their participating student in a
1725 public school and to acknowledge as part of the agreement that the
1726 eligible school has provided clear notice to the parent or
1727 guardian that the participating student has no individual
1728 entitlement to a free appropriate public education (FAPE) from
1729 their home school district, including special education and
1730 related services, for as long as the student is participating in
1731 the ESA program;



1732 (d) Not to file for their participating student a
1733 certificate of enrollment indicating participation in a home
1734 instruction program under Section 37-13-91, Mississippi Code of
1735 1972; and

1736 (e) Not to participate in the Mississippi Dyslexia
1737 Therapy Scholarship for Students with Dyslexia Program or the
1738 Mississippi Speech-Language Therapy Scholarship for Students with
1739 Speech-Language Impairments Program while participating in the ESA
1740 program.

1741 (2) Parents or guardians shall use the funds deposited in a
1742 participating student's ESA for any of the following qualifying
1743 expenses, which shall be incurred within the awarded ESA school
1744 year, to educate the student using any of the below methods or
1745 combination of methods that meet the requirement in subsection
1746 (1) (a) of this section:

1747 (a) Tuition and/or academic fees at an eligible school;

1748 (b) Textbooks related to academic coursework;

1749 (c) Payment to a tutor, as defined in Section

1750 37-181-3(h);

1751 (d) Payment for purchase of curriculum, including any
1752 supplemental materials required by the curriculum;

1753 (e) Fees for nationally standardized norm-referenced
1754 achievement tests, including alternate assessments; and fees for
1755 Advanced Placement examinations or similar courses and any
1756 examinations related to college or university admission;



1757 (f) Educational services or therapies from a licensed
1758 or certified practitioner or provider, including licensed or
1759 certified paraprofessionals or educational aides;

1760 (g) Tuition and fees related to dual enrollment at a
1761 postsecondary institution;

1762 (h) Textbooks related to academic coursework at a
1763 postsecondary institution;

1764 (i) Surety bond payments if required by the department;

1765 (j) No more than Fifty Dollars (\$50.00) in annual
1766 consumable school supplies necessary for educational services and
1767 therapies, daily classroom activities, and tutoring;

1768 (k) Computer hardware and software and other
1769 technological devices if an eligible school, licensed or certified
1770 tutor, licensed or certified educational service practitioner or
1771 provider, or licensed medical professional verifies in writing
1772 that these items are essential for the student to meet annual,
1773 measurable educational and academic goals or goals within the
1774 scope of the eligible student's IEP. Once a student is no longer
1775 participating in the ESA program, computer hardware and software
1776 and other technological devices purchased with ESA funds shall be
1777 donated to a public school or public library. Qualifying expenses
1778 for computer hardware and software include only those expenses
1779 incurred within the awarded ESA school year.

1780 (3) To qualify to participate in the program, the parent or
1781 guardian of an eligible student shall also certify to the



1782 department that they have been accepted into an eligible school
1783 qualified to provide services for the participating student's
1784 disability or special education needs, or provide services
1785 addressing a participating student's IEP, as required under this
1786 chapter.

1787 (4) Neither a participating student, nor anyone on the
1788 student's behalf, may receive cash or cash-equivalent items, such
1789 as gift cards or store credit, from any refunds or rebates from
1790 any provider of services or products in the ESA program. Any
1791 refunds or rebates shall be credited directly to the participating
1792 student's ESA. The funds in an ESA may only be used for
1793 education-related purposes as defined in this chapter.

1794 (5) (a) Eligible schools, postsecondary institutions and
1795 educational service providers that serve participating students
1796 shall provide the parent or guardian who submitted the ESA program
1797 application with an original itemized receipt, including the
1798 service provider's name and address, for all qualifying expenses.
1799 The parent or guardian who submitted the ESA application shall
1800 provide the original itemized receipt to the department.

1801 (b) In lieu of providing the parent or guardian who
1802 submitted the ESA program application with an original itemized
1803 receipt, the eligible schools, postsecondary institutions and
1804 educational service providers may provide to the department an
1805 original itemized receipt approved and signed off on by the parent



1806 or guardian who submitted the ESA application, including the
1807 service provider's name and address, for all qualifying expenses.

1808 (6) Payment for educational services through an ESA shall
1809 not preclude parents or guardians from paying for educational
1810 services using non-ESA funds.

1811 (7) For purposes of continuity of educational attainment,
1812 students who enroll in the ESA program shall remain eligible to
1813 receive quarterly ESA payments until the participating student
1814 returns to a public school, completes high school, completes the
1815 school year in which the student reaches the age of twenty-one
1816 (21), or does not have eligibility verified by a parent or
1817 guardian as required under subsection (8) of this section,
1818 whichever occurs first.

1819 (8) Any funds remaining in a student's Education Scholarship
1820 Account upon completion of high school shall be returned to the
1821 state's General Fund.

1822 (9) Every three (3) years after initial enrollment in the
1823 ESA program, a parent or guardian of a participating student,
1824 except a student diagnosed as being a person with a permanent
1825 disability, shall document that the student continues to be
1826 identified by the school district, a federal or state government
1827 agency, or a licensed physician or psychometrist as a child with a
1828 disability, as defined by the federal Individuals with
1829 Disabilities Education Act (20 USCS Section 1401(3)).



1830 (10) An eligible student shall be allowed to return to his
1831 home school district at any time after enrolling in the ESA
1832 program, in compliance with regulations adopted by the department
1833 providing for the least disruptive process for doing so. Upon the
1834 participating student's return to his or her home school district,
1835 the student's Education Scholarship Account shall be closed and
1836 any remaining funds shall be distributed to the student's home
1837 school district at the end of the awarded ESA school year.
1838 However, if the department does not receive reimbursement requests
1839 by July 15, any remaining funds shall be returned to the State
1840 General Fund.

1841 **SECTION 16.** Section 37-181-7, Mississippi Code of 1972, is
1842 amended as follows:

1843 37-181-7. (1) New enrollment in the ESA program created in
1844 this chapter shall be limited to five hundred (500) additional
1845 students each year. Subject to appropriation from the General
1846 Fund, each student's ESA shall be * * * an amount equivalent to
1847 the student base amount under the total funding formula provided
1848 in Sections 37-151-200 through 37-151-215.

1849 (2) Subject to appropriation, eligible students shall be
1850 approved for participation in the ESA program as follows:

1851 (a) Students shall be approved on a first-come,
1852 first-served basis, with applications being reviewed on a rolling
1853 basis;



1854 (b) After participation reaches fifty percent (50%) of
1855 the annual enrollment limits in subsection (1) of this section,
1856 the department shall set annual application deadlines for the
1857 remaining number of available ESAs and begin to maintain a waiting
1858 list of eligible students. The waitlist shall only include
1859 eligible students who have certified to the department that they
1860 have been accepted into an eligible school qualified to provide
1861 services for the participating student's disability or special
1862 education needs, or provide services addressing a participating
1863 student's IEP. The waitlist will be maintained in the
1864 chronological order in which applications are received. The
1865 department shall award ESA program applications in chronological
1866 order according to the waitlist; and

1867 (c) Participating students who remain eligible for the
1868 ESA program are automatically approved for participation for the
1869 following year and are not subject to the random selection
1870 process.

1871 (3) No funds for an ESA may be expended from the total
1872 funding formula funds provided in this chapter, nor shall any
1873 school district be required to provide funding for an ESA.

1874 **SECTION 17.** Section 37-181-9, Mississippi Code of 1972, is
1875 amended as follows:

1876 37-181-9. (1) The department shall create a standard form
1877 that parents or guardians of students submit to establish their
1878 student's eligibility for an Education Scholarship Account. The



1879 department shall ensure that the application is readily available
1880 to interested families through various sources, including the
1881 department's website and the copy of procedural safeguards
1882 annually given to parents or guardians. To be considered, an
1883 application must include certification that the student has been
1884 accepted into an eligible school qualified to provide services for
1885 the student's disability or special education needs, or provide
1886 services addressing a participating student's IEP.

1887 (2) The department shall provide parents or guardians of
1888 participating students with a written explanation of the allowable
1889 uses of Education Scholarship Accounts, the responsibilities of
1890 parents and the duties of the department. This information shall
1891 also be made available on the department's website.

1892 (3) The department shall annually notify all students with
1893 an IEP of the existence of the ESA program and shall ensure that
1894 lower-income families are made aware of their potential
1895 eligibility.

1896 (4) The department may deduct an amount up to a limit of six
1897 percent (6%) from appropriations used to fund Education
1898 Scholarship Accounts to cover the costs of overseeing the funds
1899 and administering the ESA program.

1900 (5) (a) The department shall make a determination of
1901 eligibility, and shall approve the application, within twenty-one
1902 (21) business days of receiving an application for participation



1903 in the ESA program, subject to the provisions of Section
1904 37-181-3(b).

1905 (b) The department shall provide for a procedure that
1906 children with a ruling of hearing impairment or children suspected
1907 of a hearing loss shall receive a comprehensive educational
1908 assessment which may include the areas of cognitive development,
1909 language/speech, audiological and academic achievement from the
1910 state-funded Mississippi Assistance Center for Hearing Loss.
1911 Children with a ruling of visual impairment or children suspected
1912 of a visual impairment shall receive a comprehensive low vision
1913 evaluation from the state-funded Low Vision Clinic.

1914 (6) The home school district shall provide the parent or
1915 guardian of a participating student with a complete copy of the
1916 student's school records, while complying with the Family
1917 Educational Rights and Privacy Act of 1974 (20 USCS Section
1918 1232(g)). The record shall be provided no later than thirty (30)
1919 days after a parent signs an agreement to participate in the ESA
1920 program.

1921 (7) The department shall implement an application or
1922 authorization process to determine the eligibility of nonpublic
1923 schools to participate in the ESA Program, ensuring nonpublic
1924 schools meet the standards set out by law.

1925 **SECTION 18.** Section 37-181-15, Mississippi Code of 1972, is
1926 amended as follows:



1927 37-181-15. (1) To ensure that students are treated fairly
1928 and kept safe, all eligible schools shall:

1929 (a) Comply with the nondiscrimination policies set
1930 forth in 42 USCS 1981;

1931 (b) Prior to a participating student's application for
1932 enrollment * * *:

1933 (i) Provide parents or guardians with details of
1934 the school's programs, record of student achievement,
1935 qualifications, experience, capacities to serve students with
1936 special needs, and capacity to serve the participating student
1937 within the scope of their IEP; and

1938 (ii) Advise parents of students who qualify for
1939 the Nate Rogers scholarships, Dyslexia Therapy scholarships and
1940 any other scholarship programs that come into existence to apply
1941 for those programs instead of the ESA program;

1942 (c) Comply with all health and safety laws or codes
1943 that apply to nonpublic schools;

1944 (d) Hold a valid occupancy permit if required by their
1945 municipality;

1946 (e) Have no public record of fraud or malfeasance;

1947 (f) Require participating students to take the same
1948 assessment as a pre-assessment at the beginning of the school year
1949 and a post-assessment at the end of the school year. The eligible
1950 school shall have the option to select * * * a nationally
1951 standardized norm-referenced achievement test, or a current state



1952 board-approved screener. If neither of these assessment types are
1953 appropriate due to the severity of the student's disability, the
1954 school should provide a performance-based assessment appropriate
1955 for assessing the student's abilities (e.g., a behavior
1956 checklist or communications assessment) along with a statement
1957 that a standardized achievement test or board-approved screener is
1958 not appropriate for the student;

1959 (g) Notify a parent or guardian applying for the ESA
1960 program that the parent or guardian waives the right of the
1961 participating student to an individual entitlement to a free and
1962 appropriate public education (FAPE) from their home school
1963 district, including special education and related services, for as
1964 long as the student is participating in the ESA program;

1965 (h) Conduct criminal background checks on employees
1966 and:

1967 (i) Exclude from employment any person not
1968 permitted by state law to work in a nonpublic school; and

1969 (ii) Exclude from employment any person who might
1970 reasonably pose a threat to the safety of students; and

1971 (i) An eligible school shall certify to the department
1972 upon enrollment of a participating student that the eligible
1973 school shall provide services for the participating student's
1974 disability or special education needs, or shall provide services
1975 addressing a participating student's IEP. Such certification must



1976 be received by the department before the ESA is reimbursed to an
1977 eligible student.

1978 (2) Failure to comply with these requirements shall deem the
1979 eligible school ineligible to participate in the ESA program the
1980 following year.

1981 **SECTION 19.** Section 37-181-17, Mississippi Code of 1972, is
1982 amended as follows:

1983 37-181-17. (1) An eligible nonpublic school authorized by
1984 the State Department of Education as required by Section 37-181-9
1985 (7) is autonomous and not an agent of the state or federal
1986 government and therefore:

1987 (a) The State Department of Education or any other
1988 government agency shall not regulate the educational program of a
1989 nonpublic school, postsecondary institution or educational service
1990 provider that accepts funds from the parent or guardian of a
1991 participating student beyond the requirements of the ESA program
1992 as promulgated in this chapter;

1993 (b) The creation of the Education Scholarship Account
1994 program does not expand the regulatory authority of the state, its
1995 officers, or any school district to impose any additional
1996 regulation of nonpublic schools, postsecondary institutions or
1997 educational service providers beyond those necessary to enforce
1998 the requirements of the ESA program; and

1999 (c) Eligible schools, postsecondary institutions and
2000 educational service providers shall be given the maximum freedom



2001 to provide for the educational needs of their students without
2002 governmental control. No eligible school, postsecondary
2003 institution or educational service provider shall be required to
2004 alter its creed, practices, admission policies or curriculum in
2005 order to accept participating students.

2006 (2) Eligible schools, or the parent or guardian who
2007 submitted the ESA application, must submit special education
2008 services and student performance data to the State Department of
2009 Education at the end of the school year, including specific
2010 special education services provided to students with disabilities
2011 enrolled in the ESA program and the individual results of the
2012 pre-assessment and post-assessment required in Section
2013 37-181-15(f). The department shall develop a uniformed reporting
2014 format for eligible schools to use when submitting assessment
2015 results.

2016 (3) In any legal proceeding challenging the application of
2017 this chapter to an eligible school, postsecondary institution or
2018 educational service provider the state bears the burden of
2019 establishing that the law is necessary and does not impose any
2020 undue burden on the eligible school, postsecondary institution or
2021 educational service provider.

2022 **SECTION 20.** Section 47-5-579, Mississippi Code of 1972, is
2023 amended as follows:

2024 47-5-579. (1) (a) The corporation shall operate a work
2025 initiative at the Central Mississippi Correctional Facility, South



2026 Mississippi Correctional Institution, Mississippi State
2027 Penitentiary and the Mississippi Correctional Institute for Women,
2028 and is authorized, in its discretion, to create a work initiative
2029 at any other correctional facility listed in Section 47-5-539(d).
2030 In lieu of a work initiative created by the corporation, the
2031 warden or superintendent or sheriff at any regional and private
2032 facility listed in Section 47-5-539 is authorized to create a work
2033 initiative at their respective facility consistent with the
2034 provisions and requirements of this section. Each initiative
2035 shall be limited to no more than twenty-five (25) inmates in the
2036 state, regional or private facility at any given time.

2037 (b) The department, with regard to a work initiative in
2038 an MDOC facility, shall:

2039 (i) Have the ultimate authority for oversight of
2040 the administration of the initiative;

2041 (ii) Delegate the administration of the initiative
2042 to the corporation; and

2043 (iii) Oversee the selection of inmates for
2044 admission to the initiative.

2045 (c) The sheriff, with regard to a work initiative at a
2046 regional facility, shall:

2047 (i) Have the ultimate authority for oversight of
2048 the administration of the initiative;

2049 (ii) Oversee the selection of inmates for
2050 admission to the initiative; and



2051 (iii) Work with the department and the corporation
2052 to establish guidelines for the initiative and develop a report
2053 thereon.

2054 (2) (a) An inmate is eligible for participation in the
2055 initiative if the inmate has:

2056 (i) No more than two (2) years remaining on the
2057 inmate's sentence;

2058 (ii) Not been convicted under Section 97-9-49
2059 within the last five (5) years; and

2060 (iii) Not been sentenced for a sex offense as
2061 defined in Section 45-33-23(h).

2062 (b) Any inmate who meets the eligibility requirements
2063 of paragraph (a) may request assignment to a work initiative
2064 established under this section.

2065 (3) (a) The commissioner, in the case of MDOC facilities,
2066 or the warden, superintendent, sheriff or similar leader in the
2067 case of regional and private facilities, shall select inmates for
2068 admission to the program.

2069 (b) An inmate currently participating in vocational
2070 training or a soft skills training program at a facility
2071 authorized to operate a work initiative shall have priority in
2072 admission to the program.

2073 (4) (a) The chief executive officer, in the case of MDOC
2074 facilities, or the warden, superintendent, sheriff or similar
2075 leader in the case of regional and private facilities, may



2076 authorize the inmate to participate in educational or other
2077 rehabilitative programs designed to supplement his work initiative
2078 employment or to prepare the person for successful reentry.

2079 (b) Before accepting any participants to the program,
2080 the corporation, in consultation with the department, shall adopt
2081 and publish rules and regulations to effectuate this section no
2082 later than six (6) months after the effective date of this
2083 section. These rules and regulations shall include all protection
2084 requirements for work release programs established pursuant to
2085 Sections 47-5-451 through 47-5-471.

2086 (5) Participating employers shall pay no less than the
2087 prevailing wage for the position and shall under no circumstance
2088 pay less than the federal minimum wage.

2089 (6) Any inmate assigned to the initiative who, without
2090 proper authority or just cause, leaves the area to which he has
2091 been assigned to work or attend educational or other
2092 rehabilitative programs, or leaves the vehicle or route of travel
2093 involved in his or her going to or returning from such place, will
2094 be guilty of escape as provided in Section 97-9-49. An offender
2095 who is convicted under Section 97-9-49 shall be ineligible for
2096 further participation in the work initiative during his or her
2097 current term of confinement.

2098 (7) (a) The inmate shall maintain an account through a
2099 local financial institution and shall provide a copy of a check
2100 stub to the chief executive officer, the warden, the



2101 superintendent or the sheriff at a regional facility, as the case
2102 may be.

2103 (b) The inmate shall be required:

2104 (i) To pay twenty-five percent (25%) of the
2105 inmate's wages after mandatory deductions for the following
2106 purposes:

2107 1. To pay support of dependents or to the
2108 Mississippi Department of Human Services on behalf of dependents
2109 as may be ordered by a judge of competent jurisdiction; and

2110 2. To pay any fines, restitution, or costs as
2111 ordered by the court to include any fines and fees associated with
2112 obtaining a valid driver's license upon release.

2113 (ii) To pay fifteen percent (15%) of the inmate's
2114 wages after mandatory deductions to the corporation for
2115 administrative expenses to include transportation costs to be
2116 remitted to the state, regional or private facility where the
2117 inmate is housed. In the case of state facilities, the
2118 administrative expense reimbursement shall be paid to the
2119 corporation; in the case of regional facilities, the
2120 administrative expense reimbursement shall be paid to the
2121 sheriff's department; in the case of private facilities the
2122 administrative expense reimbursement shall be paid to the
2123 contractor overseeing the facility.

2124 (iii) To save fifty percent (50%) of the inmate's
2125 wages after mandatory reductions in the account required under



2126 paragraph (a) of this subsection. Monies under this subparagraph
2127 shall be made available to the inmate upon parole or release.

2128 (c) The inmate shall have access to the remaining ten
2129 percent (10%) of the monies in the inmate's account to purchase
2130 incidental expenses.

2131 (d) Any monies remaining under paragraph (a) of this
2132 subsection after all mandatory deductions are paid, shall be
2133 deposited in the inmate's account established under this
2134 subsection. Any monies remaining upon release in paragraph (c) of
2135 this subsection shall be released to the inmate.

2136 (8) The chief executive officer of the corporation shall
2137 collect and maintain data which shall be shared semiannually with
2138 the Joint Legislative Committee on Performance Evaluation and
2139 Expenditure Review (PEER) and the Corrections and Criminal Justice
2140 Oversight Task Force in sortable electronic format. The first
2141 report shall be made on January 15, 2023, and in six-month
2142 intervals thereafter unless PEER establishes a different schedule.
2143 The data shall include:

2144 (a) Total number of participants at the end of each
2145 month by race, gender, and offenses charged;

2146 (b) Total number of participants who began the program
2147 in each month by race, gender, and offenses charged;

2148 (c) Total number of participants who successfully
2149 completed the program in each month by race, gender, and offenses
2150 charged;



2151 (d) Total number of participants who left the program
2152 in each month and reason for leaving by race, gender, and offenses
2153 charged;

2154 (e) Total number of participants who were arrested for
2155 a new criminal offense while in the program in each month by race,
2156 gender and offenses charged;

2157 (f) Total number of participants who were convicted of
2158 a new crime while in the program in each month by race, gender and
2159 offenses charged;

2160 (g) Total number of participants who completed the
2161 program and were convicted of a new crime within three (3) years
2162 of completing the program;

2163 (h) Total amount earned by participants and how the
2164 earnings were distributed in each month;

2165 (i) Results of any initial risk and needs assessments
2166 conducted on each participant by race, gender, and offenses
2167 charged;

2168 (j) List of participating employers;

2169 (k) List of jobs acquired by participants;

2170 (l) List of the hourly wage paid to each participant;

2171 (m) Accounting of the manner and use of the * * *
2172 fifteen percent (15%) of the wages paid to the corporation by the
2173 inmate for administrative expenses;

2174 (n) Total costs associated with program operations;

2175 (o) List of participating financial institutions;



2176 (p) * * * Participating financial institutions, which
2177 must collect, maintain and report the create date for financial
2178 accounts opened by work initiative participants;

2179 (q) The average hourly wage earned in the
2180 program; * * *

2181 (r) The accounting of any dependent support payments,
2182 finances, restitutions, fees or costs as ordered by the court for
2183 each work initiative participant;

2184 (s) The collection, maintenance and reporting of the
2185 remaining sentence length of work initiative participants;

2186 (* * * t) Any other data or information as requested by
2187 the task force.

2188 (9) The Joint Legislative Committee on Performance
2189 Evaluation and Expenditure Review (PEER) shall conduct a review of
2190 the initiative, including any expansion of the initiative
2191 authorized under this section, and produce an annual report to the
2192 Legislature on their effectiveness by January 1 of each year. The
2193 PEER Committee shall seek the assistance of the Corrections and
2194 Criminal Justice Task Force and may seek assistance from any other
2195 criminal justice experts it deems necessary during its review.

2196 **SECTION 21.** Section 37-28-7, Mississippi Code of 1972, is
2197 amended as follows:

2198 37-28-7. (1) There is created the Mississippi Charter
2199 School Authorizer Board as a state agency with exclusive
2200 chartering jurisdiction in the State of Mississippi. Unless



2201 otherwise authorized by law, no other governmental agency or
2202 entity may assume any charter authorizing function or duty in any
2203 form.

2204 (2) (a) The mission of the Mississippi Charter School
2205 Authorizer Board is to authorize high-quality charter schools,
2206 particularly schools designed to expand opportunities for
2207 underserved students, consistent with the purposes of this
2208 chapter. Subject to the restrictions and conditions prescribed in
2209 this subsection, the Mississippi Charter School Authorizer Board
2210 may authorize charter schools within the geographical boundaries
2211 of any school district.

2212 (b) The Mississippi Charter School Authorizer Board may
2213 approve a maximum of fifteen (15) qualified charter applications
2214 during a fiscal year.

2215 (c) In any school district designated as an "A," "B" or
2216 "C" school district by the State Board of Education under the
2217 accreditation rating system at the time of application, the
2218 Mississippi Charter School Authorizer Board may authorize charter
2219 schools only if a majority of the members of the local school
2220 board votes at a public meeting to endorse the application or to
2221 initiate the application on its own initiative.

2222 (3) The Mississippi Charter School Authorizer Board shall
2223 consist of seven (7) members, to be appointed as follows:



2224 (a) Three (3) members appointed by the Governor, with
2225 one (1) member being from each of the Mississippi Supreme Court
2226 Districts.

2227 (b) Three (3) members appointed by the Lieutenant
2228 Governor, with one (1) member being from each of the Mississippi
2229 Supreme Court Districts.

2230 (c) One (1) member appointed by the State
2231 Superintendent of Public Education.

2232 All appointments must be made with the advice and consent of
2233 the Senate. In making the appointments, the appointing authority
2234 shall ensure diversity among members of the Mississippi Charter
2235 School Authorizer Board.

2236 (4) Members appointed to the Mississippi Charter School
2237 Authorizer Board collectively must possess strong experience and
2238 expertise in public and nonprofit governance, management and
2239 finance, public school leadership, assessment, curriculum and
2240 instruction, and public education law. Each member of the
2241 Mississippi Charter School Authorizer Board must have demonstrated
2242 an understanding of and commitment to charter schooling as a
2243 strategy for strengthening public education.

2244 (5) To establish staggered terms of office, the initial term
2245 of office for the three (3) Mississippi Charter School Authorizer
2246 Board members appointed by the Governor shall be * * * staggered
2247 with one (1) member serving a one-year term, one (1) member
2248 -serving a two-year term, and one (1) member serving a three-year



2249 term; the initial term of office for the three (3) members
2250 appointed by the Lieutenant Governor shall be * * * staggered with
2251 one (1) member serving a one-year term, one (1) member serving a
2252 two-year term, and one (1) member serving a three-year term; and
2253 the initial term of office for the member appointed by the State
2254 Superintendent of Public Education shall be two (2) years * * *.
2255 After the expiration of the initial terms, members of the board
2256 shall serve terms of three (3) years. No member may serve more
2257 than two (2) consecutive terms. The initial appointments must be
2258 made before * * * July 1, 2025.

2259 (6) The Mississippi Charter School Authorizer Board shall
2260 meet as soon as practical after September 1, 2013, upon the call
2261 of the Governor, and shall organize for business by selecting a
2262 chairman and adopting bylaws. Subsequent meetings shall be called
2263 by the chairman.

2264 (7) An individual member of the Mississippi Charter School
2265 Authorizer Board may be removed by the board if the member's
2266 personal incapacity renders the member incapable or unfit to
2267 discharge the duties of the office or if the member is absent from
2268 a number of meetings of the board, as determined and specified by
2269 the board in its bylaws. Whenever a vacancy on the Mississippi
2270 Charter School Authorizer Board exists, the original appointing
2271 authority shall appoint a member for the remaining portion of the
2272 term.



2273 (8) No member of the Mississippi Charter School Authorizer
2274 Board or employee, agent or representative of the board may serve
2275 simultaneously as an employee, trustee, agent, representative,
2276 vendor or contractor of a charter school authorized by the board.

2277 (9) The Mississippi Charter School Authorizer Board shall
2278 appoint an individual to serve as the Executive Director of the
2279 Mississippi Charter School Authorizer Board. The executive
2280 director shall possess the qualifications established by the board
2281 which are based on national best practices, and shall possess an
2282 understanding of state and federal education law. The executive
2283 director, who shall serve at the will and pleasure of the board,
2284 shall devote his full time to the proper administration of the
2285 board and the duties assigned to him by the board and shall be
2286 paid a salary established by the board, subject to the approval of
2287 the State Personnel Board. Subject to the availability of
2288 funding, the executive director may employ such administrative
2289 staff as may be necessary to assist the director and board in
2290 carrying out the duties and directives of the Mississippi Charter
2291 School Authorizer Board.

2292 (10) The Mississippi Charter School Authorizer Board is
2293 authorized to obtain suitable office space for administrative
2294 purposes. In acquiring a facility or office space, the authorizer
2295 board shall adhere to all policies and procedures required by the
2296 Department of Finance and Administration and the Public
2297 Procurement Review Board.



2298 **SECTION 22.** Section 37-28-11, Mississippi Code of 1972, is
2299 amended as follows:

2300 37-28-11. (1) To cover the costs of overseeing charter
2301 schools in accordance with this chapter, the authorizer shall
2302 receive up to three percent (3%) of annual per-pupil allocations
2303 received by a charter school from state and local funds for each
2304 charter school it authorizes.

2305 (2) The authorizer may receive appropriate gifts, grants and
2306 donations of any kind from any public or private entity to carry
2307 out the purposes of this chapter, subject to all lawful terms and
2308 conditions under which the gifts, grants or donations are given.

2309 (3) The authorizer may expend its resources, seek grant
2310 funds and establish partnerships to support its charter school
2311 authorizing activities.

2312 **SECTION 23.** (1) A student-athlete enrolled in a public or
2313 private secondary school that meets all eligibility requirements
2314 established by the Mississippi High School Activities Association
2315 and their school shall have a property interest in their
2316 participation in interscholastic athletics. This property
2317 interest shall not constitute a guarantee of a particular
2318 position, role, or level of participation within a team or sport
2319 but ensures the right to due process under the Constitution of the
2320 United States and the Mississippi Constitution of 1890.

2321 (2) A student-athlete shall not be suspended, expelled or
2322 otherwise removed from participation in interscholastic athletics



2323 without notice, an opportunity to be heard, and the right to
2324 appeal any adverse decision to the Mississippi High School
2325 Activities Association.

2326 (3) The Mississippi High School Activities Association, in
2327 consultation with the Office of the Secretary of State and the
2328 Office of the Attorney General, shall promulgate rules and
2329 regulations to implement the provisions of this act, including,
2330 but not limited to, standards for eligibility, disciplinary
2331 procedures and appeal processes which allow the participation of
2332 legal counsel.

2333 **SECTION 24.** Section 5-3-59, Mississippi Code of 1972, is
2334 amended as follows:

2335 5-3-59. (1) The committee, while in the discharge of
2336 official duties, shall have the following additional powers:

2337 (a) To subpoena and examine witnesses; to require the
2338 appearance of any person and the production of any paper or
2339 document; to order the appearance of any person for the purpose of
2340 producing any paper or document; and to issue all process
2341 necessary to compel such appearance or production. When such
2342 process has been served, the committee may compel obedience
2343 thereto by the attachment of the person, papers or records
2344 subpoenaed; and if any person shall willfully refuse to appear
2345 before such committee or to produce any paper or record in
2346 obedience to any process issued by the committee and served on
2347 that person, he shall be guilty of contempt of the * * * committee



2348 and shall, upon conviction thereof, be * * * punished by a fine of
2349 not more than One Thousand Dollars (\$1,000.00), by imprisonment in
2350 the county jail for not more than six (6) months, or both.

2351 (b) To administer oaths to witnesses appearing before
2352 the committee when, by a majority vote, the committee deems the
2353 administration of an oath necessary and advisable as provided by
2354 law.

2355 (c) To determine that a witness has perjured himself by
2356 testifying falsely before the committee, and to institute penal
2357 proceedings as provided by law.

2358 (2) (a) Whenever facts alleged to constitute contempt under
2359 paragraph (a) of subsection (1) arise, the chairman of the
2360 committee shall certify a statement to this effect to the Attorney
2361 General or to the appropriate county prosecuting attorney, who
2362 shall institute and prosecute a criminal proceeding against the
2363 accused for contempt under the provisions of this section.

2364 (b) Any offense described in paragraph (a) of
2365 subsection (1) shall be deemed to have been committed in any of
2366 the following counties, and the trial for the offense may take
2367 place in any of those counties:

2368 (i) The county where the subpoena was issued;

2369 (ii) The county where the offender was served with
2370 the subpoena; or

2371 (iii) The county where the subpoena ordered the
2372 offender to give testimony or to produce papers or other evidence.



2373 **SECTION 25.** The following shall be codified as Section
2374 5-3-60, Mississippi Code of 1972:

2375 5-3-60. (1) (a) As an alternative to a criminal proceeding
2376 as provided in Section 5-3-59, in any instance in which a witness
2377 fails to respond to the lawful subpoena of the committee at any
2378 time or, having responded, fails to answer all lawful inquiries or
2379 to turn over evidence that has been subpoenaed, the committee may
2380 seek judicial enforcement of the process as provided in paragraph
2381 (b) of this subsection.

2382 (b) The chairman, in the name of the committee, may
2383 file a complaint before any chancery court of the state setting up
2384 such failure on the part of the witness. Upon the filing of such
2385 a complaint, the court shall take jurisdiction of the witness and
2386 the subject matter of the complaint and shall direct the witness
2387 to respond to all lawful questions and to produce all documentary
2388 evidence in the possession of the witness that is lawfully
2389 demanded. The failure of a witness to comply with the order of
2390 the court constitutes contempt of court and the court shall punish
2391 the witness as provided in Section 9-1-17.

2392 (c) The committee may use the Office of the Attorney
2393 General to bring a civil enforcement action or may use contract
2394 counsel to bring an enforcement action authorized in this
2395 subsection.

2396 (2) The provisions of this section are declared to be
2397 supplemental to the powers of the Legislature and of the Senate



2398 and of the House of Representatives to punish for contempt, and
2399 the Legislature reserves to itself and to the Senate and to the
2400 House of Representatives all inherent and all constitutional
2401 powers to punish for contempt.

2402 **SECTION 26.** Section 5-1-23, Mississippi Code of 1972, is
2403 amended as follows:

2404 5-1-23. (1) If any witness neglects or refuses to obey a
2405 subpoena, or, appearing, refuses to testify, the Senate or House
2406 may, by a resolution entered on its journal, commit him for
2407 contempt, the commitment not to extend beyond the final
2408 adjournment of the session; and any witness neglecting and
2409 refusing to attend in obedience to a subpoena may be arrested by
2410 the Sergeant-at-Arms and brought before the Senate or House; and a
2411 copy of the resolution of the Senate or House, signed by the
2412 presiding officer thereof, and attested by the secretary or clerk,
2413 shall be sufficient authority to authorize such arrest.

2414 (2) The provisions of this section shall not apply to any
2415 subpoena or other process issued by the Joint Legislative
2416 Committee on Performance Evaluation and Expenditure Review (PEER)
2417 as provided for in Sections 24 and 25 of this act.

2418 **SECTION 27.** Section 5-1-25, Mississippi Code of 1972, is
2419 amended as follows:

2420 5-1-25. (1) A person sworn and examined as a witness before
2421 either house, without procurement or contrivance, on his part,
2422 shall not be held to answer criminally, or be subject to any



2423 penalty or forfeiture for any fact or act touching which he is
2424 required to testify; nor shall any statement made, or book,
2425 document, or paper produced by any such witness be competent
2426 evidence in any criminal proceeding against such witness other
2427 than for perjury in delivering his evidence; nor shall such
2428 witness refuse to testify to any fact or to produce any book,
2429 document, or paper touching which he is examined, on the ground
2430 that he thereby will criminate himself, or that it will tend to
2431 disgrace him or render him infamous.

2432 (2) The immunity conferred by subsection (1) of this section
2433 shall not apply to any person who testifies or produces any book,
2434 document, or paper required to comply with a subpoena of the Joint
2435 Legislative Committee on Performance Evaluation and Expenditure
2436 Review (PEER). The committee may, by a majority vote of the
2437 members of both houses, offer a person or persons such immunity.

2438 **SECTION 28.** Section 5-1-35, Mississippi Code of 1972, is
2439 amended as follows:

2440 5-1-35. (1) The Sergeant-at-Arms of the Senate shall give a
2441 general supervision, under the direction of the presiding officer.
2442 He shall attend the sittings thereof, preserve order, execute its
2443 commands and all process issued by its authority, and shall have
2444 control of the doorkeeper. He shall see that the hall of the
2445 Senate and the committee rooms and the room of its presiding
2446 officer, the anterooms, lobbies and galleries thereof, are clean,
2447 comfortable and lighted at night during the sitting of the Senate,



2448 and that all necessary conveniences are supplied to the members,
2449 officers and committees.

2450 (2) The Sergeant-at-Arms shall, upon request of the Joint
2451 Legislative Committee on Performance Evaluation and Expenditure
2452 Review (PEER), serve any committee process provided for in Section
2453 24 of this act.

2454 **SECTION 29.** Section 29-13-1, Mississippi Code of 1972, is
2455 amended as follows:

2456 29-13-1. (1) The Department of Finance and Administration
2457 ("department") shall purchase and maintain business property
2458 insurance and business personal property insurance, or allow for
2459 the establishment of a self-insurance fund or self-insurance
2460 reserves, or any combination thereof, on all state-owned buildings
2461 and/or contents as required by federal law and regulations of the
2462 Federal Emergency Management Agency (FEMA) as is necessary for
2463 receiving public assistance or reimbursement for repair,
2464 reconstruction, replacement or other damage to those buildings
2465 and/or contents caused by the Hurricane Katrina Disaster of 2005
2466 or subsequent disasters. The department is authorized to expend
2467 funds from any available source for the purpose of obtaining and
2468 maintaining that property insurance. No funds shall be expended
2469 for the establishment of any such self-insurance program until
2470 such time the Mississippi Self-Insurance Task Force has completed
2471 a report and the report reflects a cost benefit to the State of
2472 Mississippi. The administration and service of any such



2473 self-insurance program may be contracted to a third-party and
2474 approved by the Commissioner of Insurance. The department is
2475 authorized to enter into agreements with other state agencies,
2476 local school districts, community/junior college districts, state
2477 institutions of higher learning and community hospitals to pool
2478 their liabilities to participate in a group business property
2479 and/or business personal property insurance program, subject to
2480 uniform rules and regulations as may be adopted by the Department
2481 of Finance and Administration.

2482 (2) The Department of Finance and Administration is required
2483 to purchase and maintain flood insurance under the National Flood
2484 Insurance Program (42 USCS, Section 4001 et seq.) as required by
2485 federal law on state-owned buildings and/or contents. To meet the
2486 requirements of participation in such program, the department is
2487 further required to adopt floodplain management criteria and
2488 procedures in accordance with the rules and regulations of 24 CFR,
2489 Chapter X, Subchapter B (National Flood Insurance Program),
2490 established by the United States Department of Housing and Urban
2491 Development pursuant to the National Flood Insurance Act of 1968
2492 (Public Law 90-448) as amended and by the Flood Disaster
2493 Protection Act of 1973 (Public Law 93-234) as amended, and any
2494 supplemental changes to such rules and regulations. The
2495 department shall adopt the floodplain management criteria set
2496 forth in 24 CFR, Chapter X, Section 1910.3, on an emergency basis
2497 immediately upon May 3, 1979, and until such time as final



2498 regulations and criteria are developed by the department. Final
2499 regulations, criteria and procedures shall be implemented by the
2500 department within ninety (90) days after May 3, 1979. Such
2501 criteria and procedures shall apply to any new construction or
2502 substantial improvement of state-owned buildings and other
2503 state-owned development located in floodplain areas as identified
2504 in conjunction with the National Flood Insurance Program. The
2505 department shall enforce the floodplain management criteria and
2506 procedures adopted by the department pursuant to this section.

2507 (3) No state agency shall be authorized to expend any state,
2508 federal or special funds for the construction, renovation, repair
2509 or placement of any structure in a designated floodplain, floodway
2510 or coastal high hazard area, or to allow for the construction,
2511 renovation, repair or placement of any privately owned structure
2512 onto state-owned land in a designated floodplain, floodway or
2513 coastal high hazard area unless such agency has previously
2514 obtained the necessary permits required by the Department of
2515 Finance and Administration to comply with the regulations of the
2516 Federal Emergency Management Agency (FEMA), National Flood
2517 Insurance Program and the state's floodplain management
2518 regulations.

2519 **SECTION 30.** (1) There is hereby created the "Mississippi
2520 Self-Insurance Task Force" to study, report and make
2521 recommendations on:



2522 (a) The management of state facilities, including
2523 rental and owned facilities, and building construction for state
2524 facilities;

2525 (b) The property and liability coverage for state
2526 facilities, building construction for state facilities, including
2527 reserves and solvency;

2528 (c) The financial state of the State Tort Claims Plan,
2529 including current reserves and solvency;

2530 (d) A comparison of the State property and liability
2531 insurance plans and State Tort Claims Plan in other southeastern
2532 states, including, but not limited to, their governance
2533 structures, benefits or services offered, solvency, reserves and
2534 rate structures and increases over time; and

2535 (e) Any other information or recommendations related
2536 which may be relevant to achieving the goal of ensuring all state
2537 facilities and any state liabilities have sufficient levels of
2538 coverage at the best rates.

2539 (2) The task force shall be composed of the following
2540 members:

2541 (a) The Chairs of the Insurance Committees in the
2542 Mississippi House of Representatives and Mississippi Senate;

2543 (b) The Chairs of the Public Property Committees in the
2544 Mississippi House of Representatives and Mississippi Senate;

2545 (c) The Commissioner of Insurance, or his or her
2546 designee;



2547 (d) The Commissioner of Higher Education, or his or her
2548 designee;

2549 (e) The Executive Director of the Department of Finance
2550 and Administration, or his or her designee;

2551 (f) An actuary appointed by the Governor;

2552 (g) A reinsurance broker appointed by the Lieutenant
2553 Governor; and

2554 (h) A property and casualty insurance agent appointed
2555 by the Speaker of the House of Representatives.

2556 (3) Appointments shall be made no later than thirty (30)
2557 days after the effective date of this act. The Chairs of the
2558 Insurance Committee in the Senate and House of Representatives
2559 shall convene the members of the task force for an organizational
2560 meeting within thirty (30) days after the deadline for appointing
2561 members, at which time the members of the task force shall select
2562 a chairman and a vice chairman from its membership. The vice
2563 chairman shall also serve as secretary and be responsible for
2564 keeping all records of the task force. A majority of the members
2565 of the task force constitutes a quorum. In the selection of its
2566 officers and the adoption of rules, resolutions and reports, an
2567 affirmative vote of a majority of the task force shall be required
2568 to be recorded in the official minutes of the meeting in which the
2569 vote occurred. Meetings of the task force shall be held at the
2570 State Capitol; however, if it is not feasible for the task force
2571 to hold an in-person meeting, the task force may convene using an



2572 online meeting platform that is accessible for viewing by the
2573 public.

2574 (4) The Department of Finance and Administration shall
2575 provide, using existing resources, administrative and clerical
2576 support to the task force. The Executive Director of the
2577 Department of Finance and Administration shall designate
2578 appropriate staff to assist the task force in carrying out its
2579 duties.

2580 (5) Subject to appropriation, members of the task force who
2581 are not state employees may be compensated at the per diem rate
2582 authorized by Section 25-3-69 and reimbursed in accordance with
2583 Section 25-3-41 for mileage and actual expenses incurred in the
2584 performance of their duties. However, task force members may not
2585 incur per diem, travel or other expenses unless previously
2586 authorized by vote, at a meeting of the task force, which action
2587 must be recorded in the official minutes of the meeting. Per diem
2588 and expense payments made pursuant to this subsection may be paid
2589 from any funds made available to the task force for that purpose.

2590 (6) The task force shall make a report of its findings and
2591 recommendations, including any recommended legislation, to the
2592 Lieutenant Governor, Speaker of the House of Representatives and
2593 the Chairs of the Insurance Committees of the House of
2594 Representatives and Senate on or before November 1, 2025, at which
2595 time the task force will be dissolved.



2596 **SECTION 31.** Section 31-11-3, Mississippi Code of 1972, is
2597 amended as follows:

2598 31-11-3. (1) The Department of Finance and Administration,
2599 for the purposes of carrying out the provisions of this chapter,
2600 in addition to all other rights and powers granted by law, shall
2601 have full power and authority to employ and compensate architects
2602 or other employees necessary for the purpose of making
2603 inspections, preparing plans and specifications, supervising the
2604 erection of any buildings, and making any repairs or additions as
2605 may be determined by the Department of Finance and Administration
2606 to be necessary, pursuant to the rules and regulations of the
2607 State Personnel Board. The department shall have entire control
2608 and supervision of, and determine what, if any, buildings,
2609 additions, repairs, demolitions or improvements are to be made
2610 under the provisions of this chapter, subject to the regulations
2611 adopted by the Public Procurement Review Board.

2612 (2) The department shall have full power to erect buildings,
2613 make repairs, additions or improvements, demolitions, to grant or
2614 acquire easements or rights-of-way, and to buy materials, supplies
2615 and equipment for any of the institutions or departments of the
2616 state subject to the regulations adopted by the Public Procurement
2617 Review Board. In addition to other powers conferred, the
2618 department shall have full power and authority, as directed by the
2619 Legislature, or when funds have been appropriated for its use for
2620 these purposes, to:



2621 (a) Build a state office building;

2622 (b) Build suitable plants or buildings for the use and
2623 housing of any state schools or institutions, including the
2624 building of plants or buildings for new state schools or
2625 institutions, as provided for by the Legislature;

2626 (c) Provide state aid for the construction of school
2627 buildings;

2628 (d) Promote and develop the training of returned
2629 veterans of the United States in all sorts of educational and
2630 vocational learning to be supplied by the proper educational
2631 institution of the State of Mississippi, and in so doing allocate
2632 monies appropriated to it for these purposes to the Governor for
2633 use by him in setting up, maintaining and operating an office and
2634 employing a state director of on-the-job training for veterans and
2635 the personnel necessary in carrying out Public Law No. 346 of the
2636 United States;

2637 (e) Build and equip a hospital and administration
2638 building at the Mississippi State Penitentiary;

2639 (f) Build and equip additional buildings and wards at
2640 the Boswell Retardation Center;

2641 (g) Construct a sewage disposal and treatment plant at
2642 the Mississippi State Hospital, and in so doing acquire additional
2643 land as may be necessary, and to exercise the right of eminent
2644 domain in the acquisition of this land;



2645 (h) Build and equip the Mississippi central market and
2646 purchase or acquire by eminent domain, if necessary, any lands
2647 needed for this purpose;

2648 (i) Build and equip suitable facilities for a training
2649 and employing center for the blind;

2650 (j) Build and equip a gymnasium at Columbia Training
2651 School;

2652 (k) Approve or disapprove the expenditure of any money
2653 appropriated by the Legislature when authorized by the bill making
2654 the appropriation;

2655 (l) Expend monies appropriated to it in paying the
2656 state's part of the cost of any street paving;

2657 (m) Sell and convey state lands when authorized by the
2658 Legislature, cause said lands to be properly surveyed and platted,
2659 execute all deeds or other legal instruments, and do any and all
2660 other things required to effectively carry out the purpose and
2661 intent of the Legislature. Any transaction which involves state
2662 lands under the provisions of this paragraph shall be done in a
2663 manner consistent with the provisions of Section 29-1-1;

2664 (n) Collect and receive from educational institutions
2665 of the State of Mississippi monies required to be paid by these
2666 institutions to the state in carrying out any veterans'
2667 educational programs;

2668 (o) Purchase lands for building sites, or as additions
2669 to building sites, for the erection of buildings and other



2670 facilities which the department is authorized to erect, and
2671 demolish and dispose of old buildings, when necessary for the
2672 proper construction of new buildings. Any transaction which
2673 involves state lands under the provisions of this paragraph shall
2674 be done in a manner consistent with the provisions of Section
2675 29-1-1;

2676 (p) Obtain business property insurance, or allow for
2677 the establishment of a self-insurance fund or self-insurance
2678 reserves, or any combination thereof, with a deductible of not
2679 less than One Hundred Thousand Dollars (\$100,000.00) on
2680 state-owned buildings under the management and control of the
2681 department; * * *

2682 (q) In consultation with and approval by the Chairmen
2683 of the Public Property Committees of the Senate and the House of
2684 Representatives, enter into contracts for the purpose of providing
2685 parking spaces for state employees who work in the Woolfolk
2686 Building, the Carroll Gartin Justice Building or the Walter
2687 Sillers Office Building * * *; and

2688 (r) The department is hereby authorized to transfer up
2689 to One Million Dollars (\$1,000,000.00) of available bond funds to
2690 each community college requesting to be exempt from department
2691 control and supervision relating to the repair, renovation and
2692 improvement of existing facilities owned by the community
2693 colleges, including utility infrastructure projects; heating and
2694 air conditioning systems; and the replacement of furniture and



2695 equipment. The community colleges shall abide by all applicable
2696 statutes related to the purchase of the repair, renovation and
2697 improvement of such existing facilities.

2698 (3) The department shall survey state-owned and
2699 state-utilized buildings to establish an estimate of the costs of
2700 architectural alterations, pursuant to the Americans With
2701 Disabilities Act of 1990, 42 USCS, Section 12111 et seq. The
2702 department shall establish priorities for making the identified
2703 architectural alterations and shall make known to the Legislative
2704 Budget Office and to the Legislature the required cost to
2705 effectuate such alterations. To meet the requirements of this
2706 section, the department shall use standards of accessibility that
2707 are at least as stringent as any applicable federal requirements
2708 and may consider:

2709 (a) Federal minimum guidelines and requirements issued
2710 by the United States Architectural and Transportation Barriers
2711 Compliance Board and standards issued by other federal agencies;

2712 (b) The criteria contained in the American Standard
2713 Specifications for Making Buildings Accessible and Usable by the
2714 Physically Handicapped and any amendments thereto as approved by
2715 the American Standards Association, Incorporated (ANSI Standards);

2716 (c) Design manuals;

2717 (d) Applicable federal guidelines;

2718 (e) Current literature in the field;

2719 (f) Applicable safety standards; and



2720 (g) Any applicable environmental impact statements.

2721 (4) The department shall observe the provisions of Section
2722 31-5-23 in letting contracts and shall use Mississippi products,
2723 including paint, varnish and lacquer which contain as vehicles
2724 tung oil and either ester gum or modified resin (with rosin as the
2725 principal base of constituents), and turpentine shall be used as a
2726 solvent or thinner, where these products are available at a cost
2727 not to exceed the cost of products grown, produced, prepared, made
2728 or manufactured outside of the State of Mississippi.

2729 (5) The department shall have authority to accept grants,
2730 loans or donations from the United States government or from any
2731 other sources for the purpose of matching funds in carrying out
2732 the provisions of this chapter.

2733 (6) The department shall build a wheelchair ramp at the War
2734 Memorial Building which complies with all applicable federal laws,
2735 regulations and specifications regarding wheelchair ramps.

2736 (7) The department shall review and preapprove all
2737 architectural or engineering service contracts entered into by any
2738 state agency, institution, commission, board or authority,
2739 regardless of the source of funding used to defray the costs of
2740 the construction or renovation project, for which services are to
2741 be obtained to ensure compliance with purchasing regulations and
2742 to confirm that the contracts are procured by a competitive
2743 qualification-based selection process except where such
2744 appointment is for an emergency project or for a continuation of a



2745 previous appointment for a directly related project. The
2746 provisions of this subsection (7) shall not apply to:

2747 (a) Any architectural or engineering contract fully
2748 paid for by self-generated funds of any of the state institutions
2749 of higher learning;

2750 (b) Any architectural or engineering contract that is
2751 self-administered at a state institution of higher learning as
2752 provided under Section 27-104-7(2) (b) or 37-101-15(m);

2753 (c) Community college projects that are fully funded
2754 from local funds or other nonstate sources which are outside the
2755 Department of Finance and Administration's appropriations or as
2756 directed by the Legislature;

2757 (d) Any construction or design projects of the State
2758 Military Department that are fully or partially funded from
2759 federal funds or other nonstate sources; and

2760 (e) Any project of the State Department of
2761 Transportation.

2762 (8) (a) The department shall have the authority to obtain
2763 annually from the state institutions of higher learning, the state
2764 community colleges and junior colleges, the Department of Mental
2765 Health, the Department of Corrections and the Department of
2766 Wildlife, Fisheries and Parks information on all renovation and
2767 repair expenditures for buildings under their operation and
2768 control, including duties, responsibilities and costs of any
2769 architect or engineer hired by any such institutions, and shall



2770 annually report the same to the Legislative Budget Office, the
2771 Chairman of the House Public Property Committee and the Chairman
2772 of the Senate Public Property Committee before September 1.

2773 (b) All state agencies, departments and institutions
2774 are required to cooperate with the Department of Finance and
2775 Administration in carrying out the provisions of this subsection.

2776 (c) Expenditures shall not include those amounts
2777 expended for janitorial, landscaping or administrative support,
2778 but shall include expenditures from both state and nonstate
2779 sources.

2780 (d) Expenditures shall not include amounts expended by
2781 the department on behalf of state agencies, departments and
2782 institutions through the Department of Finance and Administration
2783 administered contracts, but shall include amounts transferred to
2784 the Department of Finance and Administration for support of such
2785 contracts.

2786 (9) As an alternative to other methods of awarding contracts
2787 as prescribed by law, the department may elect to use the method
2788 of contracting for construction projects set out in Sections
2789 31-7-13.1 and 31-7-13.2; however, the design-build method of
2790 construction contracting authorized under Section 31-7-13.1 may be
2791 used only when the Legislature has specifically required or
2792 authorized the use of this method in the legislation authorizing a
2793 project.



2794 (10) The department shall have the authority, for the
2795 purposes of carrying out the provisions of this chapter, and in
2796 addition to all other rights and powers granted by law, to create
2797 and maintain a list of suspended and debarred contractors and
2798 subcontractors. Consistent with this authority, the department
2799 may adopt regulations governing the suspension or debarment of
2800 contractors and subcontractors, which regulations shall be subject
2801 to the approval of the Public Procurement Review Board. A
2802 suspended or debarred contractor or subcontractor shall be
2803 disqualified from consideration for contracts with the department
2804 during the suspension or debarment period in accordance with the
2805 department's regulations.

2806 (11) This section shall not apply to the Mississippi State
2807 Port Authority.

2808 **SECTION 32.** Section 37-29-67, Mississippi Code of 1972, is
2809 brought forward as follows:

2810 37-29-67. (1) The duties of the board of trustees shall be
2811 the general government of the community/junior college and
2812 directive of the administration thereof. Subject to the
2813 provisions of Sections 37-29-1 through 37-29-273, the board shall
2814 have full power to do all things necessary to the successful
2815 operation of the district and the college or colleges or
2816 attendance centers located therein to insure educational
2817 advantages and opportunities to all the enrollees within the
2818 district.



2819 (2) The board of trustees shall be authorized to designate a
2820 personnel supervisor or other person employed by the district to
2821 recommend teachers and to transmit such recommendations to the
2822 board of trustees; however, this authorization shall be restricted
2823 to no more than two (2) positions for each employment period in
2824 the district.

2825 (3) The delineation and enumeration of the powers and
2826 purposes set out in Sections 37-29-1 through 37-29-273 shall be
2827 deemed to be supplemental and additional, and shall not be
2828 construed to restrict the powers of the board of trustees of the
2829 district or of any college located therein so as to deny to the
2830 said district and the college or colleges therein the rights,
2831 privileges and powers previously authorized by statute.

2832 (4) The board of trustees shall have the power to enter into
2833 an energy performance contract, energy services contract, a
2834 shared-savings, lease or lease-purchase basis, for energy
2835 efficiency services and/or equipment as prescribed in Section
2836 31-7-14.

2837 (5) The board of trustees shall be authorized, with the
2838 approval of the Mississippi Community College Board, to change the
2839 name of the junior college to community college. The Mississippi
2840 Community College Board shall establish guidelines for the
2841 implementation of any junior college name change. Any reference
2842 to junior college district in this chapter shall hereinafter refer



2843 to the junior college district or its successor in name as changed
2844 by the board of trustees.

2845 (6) The boards of trustees shall purchase and maintain
2846 business property insurance and business personal property
2847 insurance on all college-owned buildings and/or contents as
2848 required by federal law and regulations of the Federal Emergency
2849 Management Agency (FEMA) as is necessary for receiving public
2850 assistance or reimbursement for repair, reconstruction,
2851 replacement or other damage to such buildings and/or contents
2852 caused by the Hurricane Katrina Disaster of 2005 or subsequent
2853 disasters. The boards of trustees are authorized to expend funds
2854 from any available source for the purpose of obtaining and
2855 maintaining that property insurance. The boards of trustees are
2856 authorized to enter into agreements with the Department of Finance
2857 and Administration, local school districts, other community/junior
2858 college districts, state institutions of higher learning,
2859 community hospitals and/or other state agencies to pool their
2860 liabilities to participate in a group business property and/or
2861 business personal property insurance program, subject to uniform
2862 rules and regulations as may be adopted by the Department of
2863 Finance and Administration.

2864 **SECTION 33.** Section 41-73-31, Mississippi Code of 1972, is
2865 brought forward as follows:

2866 41-73-31. In addition to the other powers and duties of the
2867 authority specified elsewhere in this act, the authority is



2868 specifically authorized to initiate a program of providing
2869 hospital equipment or hospital facilities located within the state
2870 to be operated by participating hospital institutions. In this
2871 regard, the authority shall be authorized to exercise the
2872 following powers:

2873 (1) To establish eligibility standards for participating
2874 hospital institutions;

2875 (2) To enter into an agreement with any entity securing the
2876 payment of bonds pursuant to Section 41-73-27(j) or (k)
2877 authorizing said entity to approve the participating hospital
2878 institutions that can finance or refinance hospital equipment or
2879 hospital facilities with proceeds from the bond issue secured by
2880 said entity;

2881 (3) To lease to a participating hospital institution
2882 specific hospital facilities or items of hospital equipment upon
2883 such terms and conditions as the authority may deem proper, to
2884 charge and collect rents therefor, to terminate any such lease
2885 upon the failure of the lessee to comply with any of its
2886 obligations thereunder or otherwise as such lease may provide, to
2887 include in any such lease provisions that the lessee shall have
2888 the option to renew the term of the lease for such period or
2889 periods and at such rents as may be determined by the authority or
2890 to purchase any or all of the hospital facilities or hospital
2891 equipment to which such lease shall apply;



2892 (4) To loan to a participating hospital institution under an
2893 installment purchase contract or loan agreement monies to finance
2894 or refinance the cost of specific items of hospital facilities or
2895 hospital equipment and to take back a secured or unsecured
2896 promissory note evidencing such loan and a mortgage or security
2897 interest in the hospital facilities or hospital equipment financed
2898 or refinanced with such loan, upon such terms and conditions as
2899 the authority may deem proper;

2900 (5) To sell or otherwise dispose of any or all unneeded or
2901 obsolete hospital facilities or hospital equipment under terms and
2902 conditions as determined by the authority;

2903 (6) To maintain, repair, replace and otherwise improve or
2904 cause to be maintained, repaired, replaced and otherwise improved
2905 any hospital facilities or hospital equipment owned by the
2906 authority;

2907 (7) To obtain or aid in obtaining property insurance on all
2908 hospital facilities or hospital equipment owned or financed by the
2909 authority and to enter into any agreement, contract or other
2910 instrument with respect to any such insurance to accept payment in
2911 the event of damage to or destruction of any hospital equipment;

2912 (8) To enter into any agreement, contract or other
2913 instrument with respect to any insurance or guarantee or letter of
2914 credit, accepting payment in such manner and form as provided
2915 therein in the event of default by a participating hospital
2916 institution, and to assign any such insurance or guarantee or



2917 letter of credit as security for bonds issued by the authority;
2918 and

2919 (9) To purchase and maintain business property insurance and
2920 business personal property insurance on all hospital-owned
2921 buildings and/or contents as required by federal law and
2922 regulations of the Federal Emergency Management Agency (FEMA) as
2923 is necessary for receiving public assistance or reimbursement for
2924 repair, reconstruction, replacement or other damage to those
2925 buildings and/or contents caused by the Hurricane Katrina Disaster
2926 of 2005 or subsequent disasters. The authority is authorized to
2927 expend funds from any available source for the purpose of
2928 obtaining and maintaining that property insurance. The authority
2929 is authorized to enter into agreements with the Department of
2930 Finance and Administration, local school districts,
2931 community/junior college districts, state institutions of higher
2932 learning, other community hospitals and/or other state agencies to
2933 pool their liabilities to participate in a group business property
2934 and/or business personal property insurance program, subject to
2935 uniform rules and regulations as may be adopted by the Department
2936 of Finance and Administration.

2937 **SECTION 34.** Section 37-7-303, Mississippi Code of 1972, is
2938 brought forward as follows:

2939 37-7-303. (1) The school board of any school district may
2940 insure motor vehicles for any hazard that the board may choose,
2941 and shall insure the school buildings, equipment and other school



2942 property of the district against any and all hazards that the
2943 board may deem necessary to provide insurance against. In
2944 addition, the local school board of any school district shall
2945 purchase and maintain business property insurance and business
2946 personal property insurance on all school district-owned buildings
2947 and/or contents as required by federal law and regulations of the
2948 Federal Emergency Management Agency (FEMA) as is necessary for
2949 receiving public assistance or reimbursement for repair,
2950 reconstruction, replacement or other damage to those buildings
2951 and/or contents caused by the Hurricane Katrina Disaster of 2005
2952 or subsequent disasters. The school district is authorized to
2953 expend funds from any available source for the purpose of
2954 obtaining and maintaining that property insurance. The school
2955 district is authorized to enter into agreements with the
2956 Department of Finance and Administration, other local school
2957 districts, community or junior college districts, state
2958 institutions of higher learning, community hospitals and/or other
2959 state agencies to pool their liabilities to participate in a group
2960 business property and/or business personal property insurance
2961 program, subject to uniform rules and regulations as may be
2962 adopted by the Department of Finance and Administration. Such
2963 school board shall be authorized to contract for such insurance
2964 for a term of not exceeding five (5) years and to obligate the
2965 district for the payment of the premiums thereon. When necessary,
2966 the school board is authorized and empowered, in its discretion,



2967 to borrow money payable in annual installments for a period of not
2968 exceeding five (5) years at a rate of interest not exceeding eight
2969 percent (8%) per annum to provide funds to pay such insurance
2970 premiums. The money so borrowed and the interest thereon shall be
2971 payable from any school funds of the district other than the total
2972 funding formula funds provided for in Sections 37-151-200 through
2973 37-151-215. The school boards of school districts are further
2974 authorized and empowered, in all cases where same may be
2975 necessary, to bring and maintain suits and other actions in any
2976 court of competent jurisdiction for the purpose of collecting the
2977 proceeds of insurance policies issued upon the property of such
2978 school district.

2979 (2) Two (2) or more school districts, together with other
2980 educational entities or agencies, may agree to pool their
2981 liabilities to participate in a group workers' compensation
2982 program. The governing authorities of any school board or other
2983 educational entity or agency may authorize the organization and
2984 operation of, or the participation in such a group self-insurance
2985 program with other school boards and educational entities or
2986 agencies, subject to the requirements of Section 71-3-5. The
2987 Workers' Compensation Commission shall approve such group
2988 self-insurance programs subject to uniform rules and regulations
2989 as may be adopted by the commission applicable to all groups.

2990 (3) The governing board of any county, municipality,
2991 municipal separate school district, other school district or



2992 community/junior college district, and the governing board or head
2993 of any other political subdivision or entity may negotiate for,
2994 secure and pool their risks under this section and may provide for
2995 the purchase of any one or more policies of property insurance, or
2996 the establishment of a self-insurance fund or self-insurance
2997 reserves, or any combination thereof. The governing board of any
2998 political subdivision or other entity set forth in this section is
2999 authorized to expend funds from any available source for the
3000 purpose of obtaining and maintaining that property insurance. The
3001 administration and service of any such self-insurance program
3002 shall be contracted to a third party and approved by the
3003 Commissioner of Insurance.

3004 **SECTION 35.** Section 37-101-15, Mississippi Code of 1972, is
3005 brought forward as follows:

3006 37-101-15. (a) The Board of Trustees of State Institutions
3007 of Higher Learning shall succeed to and continue to exercise
3008 control of all records, books, papers, equipment, and supplies,
3009 and all lands, buildings, and other real and personal property
3010 belonging to or assigned to the use and benefit of the board of
3011 trustees formerly supervising and controlling the institutions of
3012 higher learning named in Section 37-101-1. The board shall have
3013 and exercise control of the use, distribution and disbursement of
3014 all funds, appropriations and taxes, now and hereafter in
3015 possession, levied and collected, received, or appropriated for
3016 the use, benefit, support, and maintenance or capital outlay



3017 expenditures of the institutions of higher learning, including the
3018 authorization of employees to sign vouchers for the disbursement
3019 of funds for the various institutions, except where otherwise
3020 specifically provided by law.

3021 (b) The board shall have general supervision of the affairs
3022 of all the institutions of higher learning, including the
3023 departments and the schools thereof. The board shall have the
3024 power in its discretion to determine who shall be privileged to
3025 enter, to remain in, or to graduate therefrom. The board shall
3026 have general supervision of the conduct of libraries and
3027 laboratories, the care of dormitories, buildings, and grounds; the
3028 business methods and arrangement of accounts and records; the
3029 organization of the administrative plan of each institution; and
3030 all other matters incident to the proper functioning of the
3031 institutions. The board shall have the authority to establish
3032 minimum standards of achievement as a prerequisite for entrance
3033 into any of the institutions under its jurisdiction, which
3034 standards need not be uniform between the various institutions and
3035 which may be based upon such criteria as the board may establish.

3036 (c) The board shall exercise all the powers and prerogatives
3037 conferred upon it under the laws establishing and providing for
3038 the operation of the several institutions herein specified. The
3039 board shall adopt such bylaws and regulations from time to time as
3040 it deems expedient for the proper supervision and control of the
3041 several institutions of higher learning, insofar as such bylaws



3042 and regulations are not repugnant to the Constitution and laws,
3043 and not inconsistent with the object for which these institutions
3044 were established. The board shall have power and authority to
3045 prescribe rules and regulations for policing the campuses and all
3046 buildings of the respective institutions, to authorize the arrest
3047 of all persons violating on any campus any criminal law of the
3048 state, and to have such law violators turned over to the civil
3049 authorities.

3050 (d) For all institutions specified herein, the board shall
3051 provide a uniform system of recording and of accounting approved
3052 by the State Department of Audit. The board shall annually
3053 prepare, or cause to be prepared, a budget for each institution of
3054 higher learning for the succeeding year which must be prepared and
3055 in readiness for at least thirty (30) days before the convening of
3056 the regular session of the Legislature. All relationships and
3057 negotiations between the State Legislature and its various
3058 committees and the institutions named herein shall be carried on
3059 through the board of trustees. No official, employee or agent
3060 representing any of the separate institutions shall appear before
3061 the Legislature or any committee thereof except upon the written
3062 order of the board or upon the request of the Legislature or a
3063 committee thereof.

3064 (e) For all institutions specified herein, the board shall
3065 prepare an annual report to the Legislature setting forth the
3066 disbursements of all monies appropriated to the respective



3067 institutions. Each report to the Legislature shall show how the
3068 money appropriated to the several institutions has been expended,
3069 beginning and ending with the fiscal years of the institutions,
3070 showing the name of each teacher, officer, and employee, and the
3071 salary paid each, and an itemized statement of each and every item
3072 of receipts and expenditures. Each report must be balanced, and
3073 must begin with the former balance. If any property belonging to
3074 the state or the institution is used for profit, the reports shall
3075 show the expense incurred in managing the property and the amount
3076 received therefrom. The reports shall also show a summary of the
3077 gross receipts and gross disbursements for each year and shall
3078 show the money on hand at the beginning of the fiscal period of
3079 the institution next preceding each session of the Legislature and
3080 the necessary amount of expense to be incurred from said date to
3081 January 1 following. The board shall keep the annual expenditures
3082 of each institution herein mentioned within the income derived
3083 from legislative appropriations and other sources, but in case of
3084 emergency arising from acts of providence, epidemics, fire or
3085 storm with the written approval of the Governor and by written
3086 consent of a majority of the senators and of the representatives
3087 it may exceed the income. The board shall require a surety bond
3088 in a surety company authorized to do business in this state of
3089 every employee who is the custodian of funds belonging to one or
3090 more of the institutions mentioned herein, which bond shall be in
3091 a sum to be fixed by the board in an amount that will properly



3092 safeguard the said funds, the premium for which shall be paid out
3093 of the funds appropriated for said institutions.

3094 (f) The board shall have the power and authority to elect
3095 the heads of the various institutions of higher learning and to
3096 contract with all deans, professors, and other members of the
3097 teaching staff, and all administrative employees of said
3098 institutions for a term not exceeding four (4) years. The board
3099 shall have the power and authority to terminate any such contract
3100 at any time for malfeasance, inefficiency, or contumacious
3101 conduct, but never for political reasons. It shall be the policy
3102 of the board to permit the executive head of each institution to
3103 nominate for election by the board all subordinate employees of
3104 the institution over which he presides. It shall be the policy of
3105 the board to elect all officials for a definite tenure of service
3106 and to reelect during the period of satisfactory service. The
3107 board shall have the power to make any adjustments it thinks
3108 necessary between the various departments and schools of any
3109 institution or between the different institutions.

3110 (g) The board shall keep complete minutes and records of all
3111 proceedings which shall be open for inspection by any citizen of
3112 the state.

3113 (h) The board shall have the power to enter into an energy
3114 performance contract, energy services contract, on a
3115 shared-savings, lease or lease-purchase basis, for energy



3116 efficiency services and/or equipment as prescribed in Section
3117 31-7-14.

3118 (i) The Board of Trustees of State Institutions of Higher
3119 Learning, for and on behalf of Jackson State University, is hereby
3120 authorized to convey by donation or otherwise easements across
3121 portions of certain real estate located in the City of Jackson,
3122 Hinds County, Mississippi, for right-of-way required for the Metro
3123 Parkway Project.

3124 (j) In connection with any international contract between
3125 the board or one (1) of the state's institutions of higher
3126 learning and any party outside of the United States, the board or
3127 institution that is the party to the international contract is
3128 hereby authorized and empowered to include in the contract a
3129 provision for the resolution by arbitration of any controversy
3130 between the parties to the contract relating to such contract or
3131 the failure or refusal to perform any part of the contract. Such
3132 provision shall be valid, enforceable and irrevocable without
3133 regard to the justiciable character of the controversy. Provided,
3134 however, that in the event either party to such contract initiates
3135 litigation against the other with respect to the contract, the
3136 arbitration provision shall be deemed waived unless asserted as a
3137 defense on or before the responding party is required to answer
3138 such litigation.

3139 (k) The Board of Trustees of State Institutions of Higher
3140 Learning ("board"), on behalf of any institution under its



3141 jurisdiction, shall purchase and maintain business property
3142 insurance and business personal property insurance on all
3143 university-owned buildings and/or contents as required by federal
3144 law and regulations of the Federal Emergency Management Agency
3145 (FEMA) as is necessary for receiving public assistance or
3146 reimbursement for repair, reconstruction, replacement or other
3147 damage to those buildings and/or contents caused by the Hurricane
3148 Katrina Disaster of 2005 or subsequent disasters. The board is
3149 authorized to expend funds from any available source for the
3150 purpose of obtaining and maintaining that property insurance. The
3151 board is authorized to enter into agreements with the Department
3152 of Finance and Administration, local school districts,
3153 community/junior college districts, community hospitals and/or
3154 other state agencies to pool their liabilities to participate in a
3155 group business property and/or business personal property
3156 insurance program, subject to uniform rules and regulations as may
3157 be adopted by the Department of Finance and Administration.

3158 (1) The Board of Trustees of State Institutions of Higher
3159 Learning, or its designee, may approve the payment or
3160 reimbursement of reasonable travel expenses incurred by candidates
3161 for open positions at the board's executive office or at any of
3162 the state institutions of higher learning, when the job candidate
3163 has incurred expenses in traveling to a job interview at the
3164 request of the board, the Commissioner of Higher Education or a
3165 state institution of higher learning administrator.



3166 (m) (i) The Board of Trustees of State Institutions of
3167 Higher Learning is authorized to administer and approve contracts
3168 for the construction and maintenance of buildings and other
3169 facilities of the state institutions of higher learning, including
3170 related contracts for architectural and engineering services,
3171 which are paid for with self-generated funds.

3172 (ii) Additionally, the board is authorized to oversee,
3173 administer and approve contracts for the construction and
3174 maintenance of buildings and other facilities of the state
3175 institutions of higher learning, including related contracts for
3176 architectural and engineering services, which are funded in whole
3177 or in part by general obligation bonds of the State of Mississippi
3178 at institutions designated annually by the board as being capable
3179 to procure and administer all such contracts. Prior to the
3180 disbursement of funds, an agreement for each project between the
3181 institution and the Department of Finance and Administration shall
3182 be executed. The approval and execution of the agreement shall
3183 not be withheld by either party unless the withholding party
3184 provides a written, detailed explanation of the basis for
3185 withholding to the other party. The agreement shall stipulate the
3186 responsibilities of each party, applicable procurement
3187 regulations, documentation and reporting requirements, conditions
3188 prior to, and schedule of, disbursement of general obligation bond
3189 funds to the institution and provisions concerning handling any
3190 remaining general obligation bonds at the completion of the



3191 project. Such agreement shall not include provisions that
3192 constitute additional qualifications or criteria that act to
3193 invalidate the designation of an institution as capable of
3194 procuring and administering such project. Inclusion of any such
3195 provisions may be appealed to the Public Procurement Review Board.
3196 This paragraph (ii) shall stand repealed from and after July 1,
3197 2025.

3198 (n) The Board of Trustees of State Institutions of Higher
3199 Learning ("board") shall require all on-campus faculty and staff
3200 employed by, and all students attending, any of the state
3201 institutions of higher learning identified in Section 37-101-1 to
3202 be issued an identification badge in physical or electronic
3203 format. Any identification card issued or renewed pursuant to
3204 this section, whether physical or in an electronic format, shall
3205 include the words "Crisis Lifeline - Dial or Text 988, or chat
3206 988lifeline.org" or like language for formatting purposes.

3207 **SECTION 36.** Section 23 of this act shall take effect and be
3208 in force from and after July 1, 2026, and the remaining sections
3209 of this act shall take effect and be in force from and after July
3210 1, 2025.

