

2023 LEGISLATIVE SESSION

A Review of Health-Related Bills & Their Impact

During the 2023 Legislative Session, the legislature focused on the state's struggling healthcare system and the post-Roe world. After the session ended, 424 bills were passed into law¹. The Center for Mississippi Health Policy identified 33 bills that were signed into law after the 2023 session that will impact the health and wellness of Mississippians; these covered areas from hospital financing and the healthcare workforce to maternal and child health.

■ HOSPITALS

Rural hospitals in Mississippi have struggled with their finances, due to uncompensated care and low payments from private insurance companies and government programs. Over half of all rural hospitals in the state report financial losses on patient services. A report from the Center for Healthcare Quality and Payment Reform indicates that out of the 74 rural hospitals in the state, 34 are at risk of closing, and 25 face an immediate risk of closing². During the 2023 session, the legislature worked to support rural hospitals financially and strengthen the state healthcare system.

SB 2372 - Mississippi Hospital Sustainability Grant Program; establish & provide eligibility for funds.

- This bill, along with *HB 271*, appropriates \$103,700,000 of American Rescue Plan Act (ARPA) Funds from the Coronavirus State Fiscal Recovery Fund to the Mississippi State Department of Health (MSDH) for the administration of the MS Hospital Sustainability Grant program - estimated funding distributions below. Use of these funds must comply with ARPA regulations.
 - \$700,000 for administrative expenses.
 - \$13,125,000 - Hospitals with emergency departments (EDs) and less than 100 beds will receive \$625,000.
 - \$16,000,000 - Critical Access Hospitals in rural areas with EDs will receive \$500,000.
 - \$30,000,000 - Hospitals with EDs and more than 100 beds will receive \$1,000,000.
 - \$8,500,000 - Specialty hospitals with less than 200 beds will receive \$500,000.
 - \$1,800,000 - Acute care hospitals in rural areas with no EDs will receive \$300,000.
 - \$12,000,000 - Hospitals in rural areas with EDs and less than 50 beds will receive an additional \$250,000.
 - \$21,575,000 - Eligible hospitals will receive an additional allocation based on their number of licensed beds, except for those beds dedicated to specialty care.
- The bed allocation is based on the amount of funds remaining after the aforementioned disbursements have been designated, divided by the total number of licensed beds to determine a dollar amount for each bed.
- The additional allocations for each hospital will be \$1,961.76 per licensed bed.

Expenditures from the ARPA Coronavirus State & Local Fiscal Recovery Fund are subject to the rules and regulations established by the US Department of the Treasury under Title 31 CFR Part 35.³

APPROPRIATIONS

Funds allocated for various departments of government set aside by formal action for specific use.⁴

SB 2323 - Community hospitals; allow consolidation and collaboration involving other hospitals.

- The intent of this bill is, given the current financial situation for community hospitals, Mississippians would best be served by community hospitals having the legal and operational flexibilities to take advantage of opportunities and make the most out of challenges that may arise. The Legislature found that the benefits of collaboration and consolidation outweigh any impacts on competition.
- The bill amends authorities of the Boards of Trustees of Community Hospitals allowing them to:
 - Form, establish, fund, and operate nonprofit corporations – to be jointly owned by public, private, for-profit, nonprofit, or other healthcare-related organizations to conduct operations within or outside the hospital’s service area. Such operations include but are not limited to:
 - Joint hospital acquisitions
 - Group purchasing
 - Clinically integrated networks
 - Payor contracting
 - Joint requests for federal and state grant funding
 - Acquire hospitals, healthcare facilities, and other healthcare operational assets with immunity from state and federal antitrust laws.
 - Develop joint ventures between the Board and public or private health-related organizations, either directly or through a nonprofit created or owned by the community hospital, for the joint operation and management of services and facilities.
- Other amendments clarified that the same authorities and flexibilities may apply to the University of Mississippi Medical Center (UMMC) and to private hospitals, rural or nonrural.

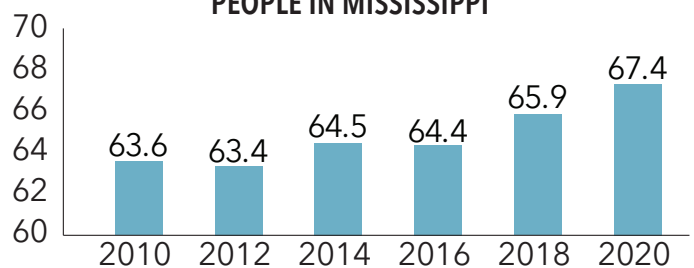
HB 584 - Qualified Health Center Grant Program; clarify that amount specified for grants under is minimum amount to be issued.

- Established by the Legislature in 1999, this program provides two types of grants to qualified health centers in Mississippi – public or nonprofit entities that provide comprehensive primary care services.
 - Care Grants: A service grant for centers to provide care to uninsured or medically indigent patients in Mississippi.
 - Physician Grants: A service grant for centers to supplement provider salaries in order to recruit and retain primary care physicians.
- The program’s original legislation indicated that the amount of Care Grants to be issued shall be \$4,000,000 – this bill provides an amendment to clarify that \$4,000,000 is the minimum amount to be awarded per State fiscal year.

WORKFORCE

Mississippi has historically had one of the lowest provider-to-patient ratios in the country, and had little success in retaining additional physicians – especially in rural areas and in primary care.⁵ Additionally, the COVID-19 pandemic has led to nursing shortages across the country. Workforce programs were established or expounded during the 2023 session to address these shortages.

ACTIVE PRIMARY CARE PHYSICIANS PER 100,000 PEOPLE IN MISSISSIPPI



Source: AAMC. 2019 State Physician Workforce Data Report. Washington, DC: AAMC; 2019.

HB 518 - Local Provider Innovation Grant Program; revise certain provisions of.

- The COVID-19 Mississippi Local Provider Innovation Grant Program provides funding to local healthcare providers for the purpose of improving the healthcare system and increasing access to healthcare services.
 - Up to \$250,000 per applicant is available for transitional assistance, which means assistance for providers in transitioning from their current model of healthcare delivery to a more accessible, community-centered model.
 - This bill makes amendments to the program so that applicants who received funding in FY2023 are eligible for funding again in FY2024, deletes a requirement that the program to be funded using ARPA funds, and provides that MSDH may use 1.5% of the appropriation for administrative expenses.

SB 2371 - American Rescue Plan Act (ARPA) Nurse/Allied Health Workforce Development and Retention Act; create.

- Establishes three grant programs under the Office of Workforce Development. Effective upon passage, grant funds are available through December 31, 2026, or on the expenditure deadline provided by the federal government - whichever comes first. Awarded projects must be completed upon the occurrence of either aforementioned deadlines or be completed with other funds.
- Appropriated in SB 3113, funding for these three grant programs comes from ARPA Funds in the Coronavirus State Fiscal Recovery Fund.

1. Accelerate Mississippi Nursing/Allied Health Grant Program: To increase capacity in nursing and allied health training programs, as well as accredited paramedic programs. A portion of the \$25,000,000 appropriated to the Accelerate Mississippi Workforce Development Program will be allocated to this program, and is intended to prioritize high-wage, high-demand jobs, and 75% of the funds that are appropriated for this program are to be reserved for community and junior colleges.

2. Accelerate Mississippi Physician Residency and Fellowship Start-Up Grant Program: Appropriated \$3,000,000 to create new, or increase the capacity of existing, physician residency and fellowship programs in hospitals. Mississippi Allied Health College and Career Navigator Grant Program

3. Mississippi Allied Health College and Career Navigator Grant Program: To hire professional navigators that will provide individual assistance and guidance to nursing and allied health students at community and junior colleges. Navigators must be at least an RN and have two years of experience in nursing.

SB 2373 - Skilled Nursing Home and Hospital Nurses Retention Loan Repayment Program; establish.

- This bill, and the program it enacts, replaces the Forgivable Loan Program for Baccalaureate and Graduate Students in Nursing.
 - Applicants must be legal residents of the state and have gained employment within the past year for the first time as a Licensed Practical Nurse or Licensed Registered Nurse at a general acute care hospital or skilled nursing home and have outstanding qualifying educational loans.
 - Recipients may be awarded a maximum of \$6,000 per year of employment for up to 3 years. The awards are to be granted at the end of the year of employment that was awarded and paid directly to the recipient's lender or loan servicer.
 - The program is set to repeal on July 1, 2027.

SB 2487 - Mississippi Dual Enrollment/Dual Credit Scholarship Program; establish.

- This scholarship program is for any public or charter high school students in the 11th or 12th grade in the state who attend any postsecondary educational institution that is a public state-supported institution of higher learning, a public state-supported community or junior college, or any not-for-profit private institution of higher learning.
 - Eligible students may receive scholarships for up to 6 credit hours prior to high school graduation.

- Awards will be paid directly to the postsecondary educational institution and reimbursed 40% of the average community college credit hour tuition rate for the current academic year.
- Participation is optional for all institutions, and institutions also have the right to exclude specific center, branch campuses, collegiate academies and middle colleges within their governance.
- The program is set to repeal on July 1, 2025.





■ MATERNAL & CHILD HEALTH

While Mississippi has the highest infant mortality rate and one of the highest maternal mortality rates in the United States, the state’s case, *Dobbs v Jackson Women’s Health*, overturned *Roe v. Wade*.⁶ In response, the legislature held hearings months before the session officially began to address the necessary resources and infrastructure were a viable to mother and babies in Mississippi.

SB 2212 - Recipients of Medicaid; extend postpartum coverage up to 12 months.

- This bill amends the state’s Medicaid eligibility plan by adding, “*The division is authorized and directed to provide up to twelve (12) months of continuous coverage postpartum for any individual who qualifies for Medicaid coverage under this section as a pregnant woman, to the extent allowable under federal law and as determined by the division.*”
- All but three states have extended postpartum Medicaid coverage through either a **State Plan Amendment (SPA)** or a Section 1115 Waiver.⁷ The Mississippi Division of Medicaid submitted SPA 23-0015 on May 25, 2023, to extend postpartum coverage for pregnant women from sixty days to twelve months, effective April 1, 2023.

BABY SAFE DEVICE SPECIFICATIONS AS SPECIFIED IN HB 1318

-  Allows for anonymous drop off.
-  Climate controlled.
-  Conspicuous Location.
-  Adequate Dual Alarm System.

SB 2781 - Mississippi Access to Maternal Assistance Program; create and provides for duties and responsibilities.

- This bill instructs the Department of Information Technology Services to develop and implement a website and mobile app that includes comprehensive information regarding services provided by the State of Mississippi or other entities:
 - Adoption Assistance
 - Child Care
 - Domestic Abuse Protection
 - Early Intervention
 - Food
 - Clothing & Supplies Related to Pregnancy and Newborn Care
 - Job Training & Placement
 - Unemployment Benefits
 - Paternity
 - Parenting Skills
 - Mental Health
 - Prenatal & Postpartum Care
- The website is required to be completed by October 1, 2023, and the app completed by January 1, 2024.
- The bill also requires the Attorney General, certain state agencies, and county health departments to place a link on their websites to the website.

HB 1318 - Baby drop-off and safe haven; revise provisions that regulate.

- This bill amends the state’s child welfare laws regarding baby drop-offs by increasing the age limit for which emergency medical providers can take possession of a child without a court order to 45 days or younger.
- The amendments also include additional allowable methods of surrendering a child for the purposes of terminating parental rights, such as baby safety devices.
- The bill defines Baby Safety Devices and outlines the specification requirements for emergency medical providers that sponsor and oversee the devices.

SB 2485 - Early Intervention Act for Infants and Toddlers; add certain individuals to definition of qualified personnel.

EARLY INTERVENTION

A system of services that aids developmentally-delayed and/or disabled children in the first 3 years of life learn basic physical, cognitive, communicative, emotional, and self-reliant skills.⁸

- This bill amends the definition of qualified provider personnel to include individuals with degrees in;
 - Human Development and Family Science
 - Child and Family Science with a concentration in child development, and licensure in pre-kindergarten to kindergarten.

SB 2167 - Early Intervention Task Force; establish.

- Establishes the Early 12 Intervention Task Force to Study the IDEA Part C Early Intervention System in Mississippi and Mississippi's Laws Regarding Early Intervention
- The goal of the task force is to provide recommendations to the legislature to reform the state's existing early intervention system in order to increase access to services through a First Steps Early Intervention Program for children from birth to three years old.
 - Part C of the Individuals with Disabilities Education Act (IDEA): Early Intervention for Babies and Toddlers – a federal grant program that assists states with the operation of a statewide, comprehensive program that offers early intervention services for infants, toddlers, and their families.⁹
 - First Steps Early Intervention Program is administered by the MSDH and offers IDEA Part C Early Intervention services.
- Task force membership will submit recommendations on or before December 1, 2023 and will consist of the following:
 - MS House & Senate Public Health Committee Chairman
 - MS House & Senate Education Committee Chairman

- MS House & Senate Appropriations Committee Chairman
- State Health Officer
- Certain other medical professionals

HB 1125 - Regulate Experimental Adolescent Procedures (REAP) Act; create to regulate transgender procedures and surgeries.

- This bill restricts the provision of gender transition procedures by prohibiting persons from knowingly providing, or knowingly aiding and abetting the provision of gender transition procedures for people under 18 years of age, and provides the following definitions with some exceptions:
 - Gender Transition
 - Gender Transition Procedure (GTP) – includes puberty-blocking drugs, cross-sex hormones, and gender reassignment surgeries.
- The bill prohibits the use of any public funds and resources from being used to provide GTP, and further prohibits healthcare facilities owned by the state, county, or local governments, and their employed physicians from providing GTP.
- The bill also states that the provision of GTP by a physician or healthcare professional is to be considered outside the applicable standard of care and unprofessional conduct, and requires that a provider in violation of this act have their license to practice in the state revoked.
- The bill revises Code Section 73-25-33 to clarify that the definition for “practice of medicine” does not include GTP, and prohibits the Division of Medicaid or any other health plan under an insurance policy in the state from reimbursing GTP.

MENTAL HEALTH

Mental healthcare in Mississippi faces significant challenges. Limited funding, a shortage of mental health professionals, and a lack of comprehensive services have contributed to those challenges. Mississippi's rural areas are particularly underserved, exacerbating mental healthcare disparities. The legislature passed initiatives to improve mental health awareness, expand resources, and address systemic issues to ensure that Mississippians receive the support and treatment they need for their mental well-being.

HB 799 - Inmate Welfare Fund; authorize to expend funds for the treatment of mental illness for certain inmates.

- Required the Inmate Welfare Fund Committee to expend funds on outpatient and community-based mental health services for parole-eligible inmates.

HB 1218 - Rivers McGraw Mental Health Treatment Court Act; revise.

- This bill changes the existing statute to be called the Rivers McGraw Mental Health Treatment Court (MHTC) Act instead of the Rivers McGraw Mental Health Act.
- The bill also adds the terms and provides definitions of:
 - Behavioral Health
 - Clinical Assessment
 - Co-Occurring Disorder
 - Diagnostic & Statistical Manual (DSM)
 - Evidence-Based Practices
 - Mental Health
 - Mental Health Disorder
 - Mental Health Treatment Program
 - Risk & Needs Assessment
 - Risk & Needs Screening
 - Substance Use Disorder
- The bill requires all providers that directly administer services to MHTC participants to be properly licensed or certified, and provides MHTC Coordinators immunity from certain civil liabilities.

- The bill also creates code section 9-27-21 to provide that the Administrative Office of Courts be responsible for certification and monitoring of MHTC, and will create rules and regulations for a uniform certification process.

HB 1222 - The Mississippi Collaborative Response to Mental Health Act; create.

- Requires each municipal or county law enforcement agency to:
 - Provide mental health first aid training,
 - Have at least one crisis intervention officer.
- Authorizes an agency with less than five employees to enter into an agreement with other agencies to establish a Crisis Intervention Team

CRISIS INTERVENTION TEAM

Provide guidance and support to adults and children who are experiencing a mental health crisis. Teams work closely with law enforcement to reduce the likelihood that a person experiencing a mental health crisis is unnecessarily placed in a more restrictive environment, like jail, a holding facility, a hospital, or inpatient treatment.¹⁰

- Requires Court Liaisons for certain counties (specific counties not indicated).
- Revises the term limits for members of the State Board of Mental Health to no more than two consecutive terms.
- Requires regional commissions to employ or contract an accountant for management of finances and the completion of an annual audit.
- Requires regional commissioners to attend certain trainings and provides for their removal from that position if trainings are not attended.
- Requires Chancery Clerks to maintain records of:
 - Number of persons ordered for admission to treatment
 - Number of determination hearings
 - Number of affidavits filed for the purpose of admission into a treatment facility

- Requires each county to submit to the Mississippi Department of Mental Health (MDMH), on or before December 1, 2023, a report of data relating to the placement of individuals before and after a hearing in which an involuntary commitment order has been entered.

■ DRUG POLICY

Drug policies that were signed into law aim to address dangerous situations, make certain drugs legal, and increase public awareness and education about the risks of drug abuse and addiction. The legislature also amended regulations for the Mississippi Medical Marijuana Program and updated its controlled substance schedules. **Substances are placed on certain schedules based on their medical use, the potential for abuse, and the likelihood of dependency.**

SB 2336 - Prevention of overdoses; authorize administration of opioid antagonists by certain persons, provide immunity to.

- This bill authorizes the MSDH to distribute opioid antagonists, such as Narcan, and to educate employees. The bill also authorizes education employees to administer the opioid antagonists, and provides immunity from criminal and civil liabilities encountered while administering the antagonists.

HB 231 - Tobacco education, prevention and cessation program; add fentanyl and drug abuse prevention education.

- This bill directs the MDMH to develop and implement a comprehensive program for fentanyl and drug abuse education, prevention, and cessation.
- The program is to include media marketing, curricula for schools, community-level programs, and cessation assistance programs.

HB 1158 - Medical Cannabis Act; revise certain provisions of.

- Authorizes practitioners to assist patients in the registration and certification processes.
- Allows for the purchase and sale of topical cannabis products.
- Prohibits practitioners from requiring patients be drug tested as a condition for certification.

- Clarifies that practitioners are not required to hold additional or special credentials, or be registered or licensed with any other entity except for the MSDH.
- Allows qualified patients to see a different provider for follow-up appointments, i.e., qualified patients do not have to see the same practitioner that originally certified them.
- Clarifies that certification is valid for six months.
- Requires the prescription monitoring program to submit to the legislature on an annual basis, a report detailing the number of opioid prescriptions provided in the state that year.
- Adds the following terms and definitions:
 - Artificially Derived Cannabinoid
 - Cannabinoid
 - Cannabis Waste

HB 4 - Tianeptine; include in Schedule I controlled substance list.

- Originally introduced to include Tianeptine as a Schedule I Controlled Substance (drugs with no current medical use with high potential for abuse and/or addiction), the version of this bill that was enacted includes Tianeptine as a Schedule III Controlled Substance.

HB 722 - Controlled substances; exclude fentanyl testing materials from definition of “paraphernalia” under.

- Fentanyl testing strips are used to test controlled substances and illegal drugs for the presence of fentanyl. This bill clarifies that such testing strips are not illegal, and removes these and any other such materials from the definition of “paraphernalia” under the Uniform Controlled Substance Law.

HB 1071 - Uniform Controlled Substances Act; Revise schedules

- This bill adds 13 Substances to the Schedule I List
 - 4F-MDMB-BINACA
 - 5F-EDMB-PINACA
 - 5F-MDMB-PICA
 - FUB-AKB48
 - FUB-144
 - N-ethylhexedrone
 - α-PHP
 - 4-MEAP
 - MPHP
 - PV8
 - 4-chloro-α-PVP
 - methoxetamine
 - SGT-25
- This bill also adds serdexmethylphenidate to the Schedule IV List.

WATER & SEWER INFRASTRUCTURE

The quality of air we breathe and water we drink, and the safety and affordability of neighborhoods we live in have direct impacts on individuals' health. Physical infrastructure such as transportation and water systems can either enhance or diminish quality of life. Legislation was passed to allow for certain flexibilities and provides increased opportunities to upgrade or improve water and sewer infrastructure.

SB 2512 - Counties; authorize to designate ARPA funds to rural water and sewer associations for infrastructure projects.

- This bill allows county boards of supervisors to directly allocate Coronavirus State and Local Fiscal Recovery Funds from ARPA to fund water and sewer infrastructure projects.

SB 2444 - ARPA programs; revise provisions related to certain programs.

- Section 2 of this bill makes amendments to the ARPA Rural Water Associations Infrastructure Grant Program, administered by MSDH, so that any entity receiving funding from the program or the Mississippi Municipality and County Water Infrastructure (MCWI) Grant Program before April 14, 2023, is ineligible for additional grants. Additionally, for the second round of awards, the bill caps the awards at \$2 million to each entity, and greater weight should be given to applications that promote the consolidation of separate systems or have already consolidated.

- Section 3 provides that the Department of Finance and Administration shall make a second round of grants to disburse \$3 million to the MS Main Street Association for community revitalization:
 - 8 communities with a population greater than 25,000 will receive \$68,000 each, and
 - 40 communities with a population of less than 25,000 will receive \$61,400 each.

HB 698 - Municipal water, wastewater and sewer services; require equity-based billing based on the use of.

- This bill amends the governing authorities of municipal waterworks to provide that the rates at which water, wastewater, and sewer services are calculated shall only be based on the volumetric usage of each customer, plus any reasonable fees, and shall be consistent in application. The amendment provides that if a municipality is unable to meet the volumetric billing requirements, the may bill a flat fee rate but only if that flat fee rate was established prior to passage - July 1, 2023.

SB 2433 - Regulation of public utilities; exempt distribution of water by eligible homeowners association to its own residents from.

TAX CREDITS

Tax credits help to incentivize charitable contributions and can help to alleviate expenses related to certain issues. During the 2023 Legislative Session, the following tax credits were passed to do just that.

SB 2696 - Income tax credit for qualified adoption expenses; increase amount for Mississippi children and remove CPS requirement.

HB 261 - Income tax; extend credit for qualified contributions to an endowed fund at qualified community foundations.

HB 1723 - Tax credits; authorize for business contributions to certain organizations supporting food pantries or soup kitchens.

HB 1734 - Use tax; revise distribution of revenue, provide income tax credit for employer making payments for employee dependent care.

■ OTHER

HB 1390 - Abstinence education; delete repealer on school board requirement to adopt a policy on abstinence-only or abstinence-plus.

- Abstinence-based sex education is the standard for Mississippi public schools, where schools have the option of adopting abstinence-only or abstinence-plus curricula.
- Abstinence-Only: *“Abstinence education refers to programs that promote abstinence-until-marriage as the expected standard of behavior. These programs provide students with information on building healthy relationships, the benefits of abstinence, and the consequences of premarital sexual behavior.”*
- Abstinence-Plus: *“Abstinence Plus education describes programs that encourage abstinence but includes information on contraception, and resources available for safer sex practices.”¹¹*

HB 485 - Sexual assault evidence kit; regulate the processing of.

- This bill outlines the timeframes in which the steps required for processing sexual assault evidence kits should be completed.
 - Medical facilities must contact appropriate law enforcement agencies no later than 4 hours after the completion of any examination.
 - Law enforcement must collect the evidence kit within 24 hours of being notified.
 - Evidence kits must be delivered to the Mississippi Forensics Laboratory no later than 7 days after they were collected by law enforcement.
 - The Mississippi Forensics Laboratory shall have completed testing of evidence kits within 60 days of receiving them.

HB 995 - Rape; revise elements for the crime of and remove spousal exception.

- This bill repeals code section 97-3-99 which stated that a person cannot be considered guilty of rape or sexual battery if the victim is that person’s legal spouse.
- The bill also repeals the evidentiary requirement that a woman be of “chaste

character” for the corroboration of a rape accusation, and revises the elements of rape by replacing “forcibly ravish any female” with “forcible sexual penetration of any person”

■ VETOED

A “vetoed bill” is a bill that has been rejected by the governor. This bill will not become law.

SB 2622 – Mississippi Prior Authorization Reform Act; enact.

- This bill would have implemented rules and regulations for insurance companies’ prior authorization process to speed up the overall process, provide greater transparency for patients, and require more accountability from insurers.
- In his Veto Message for Senate Bill 2622, Governor Reeves cited several issues he found with the legislation, including:
 - Regulatory Authority: The Governor wrote that the MSDH has no experience regulating insurance companies and to avoid conflicts of interest, oversight of this act should lie within the Department of Insurance, not the State Department of Health.
 - Regulatory Authority: The Governor also wrote that the Department of Insurance has no authority over the investigation or prosecution of suspected healthcare fraud, but that federal law requires the Division of Medicaid to report such cases to the Mississippi Attorney General’s Medicaid Fraud Control Unit which, along with State District and US Attorneys, have authority to investigate and prosecute.
 - The Governor wrote that SB 2622’s time limits for prior authorizations and the disclosure requirements for insurers would lead to the unintended impacts of unnecessary administrative expenses and interruptions in access to medication.

■ SOURCES

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