Center for Mississippi Health Policy

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2024 LEGISLATIVE SESSION

A Review of Health-Related Bills & Their Impact

The 2024 Regular Session was the beginning of a new four-year term for the Mississippi Legislature. While the Senate remained largely the same, the House of Representatives elected a new Speaker of the House, Jason White (R-West), who appointed Medicaid Committee Chairwoman Missy McGee (R-Hattiesburg), and Public Health and Welfare Committee Chairman Sam Creekmore IV (R-New Albany). Much of the Legislature's focus on health policy remained centered on promoting the sustainability of our state's healthcare system, this session marked the first time that Medicaid Expansion was proposed and debated in the Mississippi Legislature since implementation of the federal Affordable Care Act began in 2014. 408 bills became law, and the Center for Mississippi Health Policy identified 34 of those bills that became law that will directly impact the state's healthcare system and the health and well-being of Mississippians[1].

HOSPITALS & HEALTHCARE SYSTEMS

HB 760: MS Qualified Health Center Grant Program; extend date for Department of Health Grants for increased services and physicians. *(Shanks; Anthony)*

- Established by the Legislature in 1999, this program provides Care Grants and Physician Grants to qualified health centers in Mississippi. Qualified health centers are defined as public or nonprofit entities that provide comprehensive primary care services.
- This bill extends the date by which the Mississippi State Department of Health shall issue funding for grants. The original deadline of July 1, 2024 was extended to July 1, 2027.

HB 1417: Health care industry zone; expand radius for location of facilities for certification by Mississippi Development Authority as. *(Eure)*

- The Health Care Industry Zone Act was enacted during the Mississippi Legislature 2012 Regular Session with the passage of House Bill 1537[2]. To promote improvements in healthcare infrastructure, the bill gave the Mississippi Development Authority (MDA) the authority to certify Health Care Industry Zones in qualifying areas of the state and provided for a qualifying definition of Health Care Industry Facilities. The bill also provided tax incentives for eligible Health Care Industry Facilities that built or renovated facilities in certified Health Care Industry Zones. To qualify for certification as a Health Care Industry Zone, an area must have met the following requirements
  - Area located within:
    - Three contiguous counties with Certificates of Need (CON) of more than 375 acute care hospital beds, and/or;
    - A county in which a hospital makes a minimum capital investment of $250,000,000 for projects and construction completed by 2017.
  - A Health Care Industry Facility is located within a certain radius of:
    - A facility with a CON for hospital beds, and/or
    - Certain universities or colleges.

- In the original Health Care Industry Zone Act, a qualifying facility needed to be within a (5) mile radius of the aforementioned establishments. This bill expands that radius from five miles to (8) miles and removes the repealer, making these incentives permanent.

HB 1644: Ambulance Service Providers; contracts with to provide exclusively in county or city must allow other providers to respond when necessary. *(Yates)*

- To ensure the timeliness of emergency medical services, this bill establishes the requirement of mutual aid agreements in contracts with private ambulance service providers. The mutual aid agreement will allow for the other ambulance service providers to respond to calls when the contracting provider is experiencing shortages in equipment or personnel that causes delays in response time.
- This requirement applies to all contracts entered into or renewed on or after July 1, 2024 between private ambulance service providers and the following entities:
  - County Boards of Supervisors,
  - Governing authorities of municipalities,
  - Emergency Medical Service Districts as described in Miss. Code of 1972 § 41-59-51.

SB 2156: Mississippi Rare Disease Advisory Council; create at UMMC. *(Blackwell; Boyd)*

- Rare diseases are defined as conditions that affect fewer than 200,000 people[3]. Roughly 80% of rare diseases are of genetic origin, 70% of which emerge during childhood[4].
- This bill establishes the Mississippi Rare Disease Advisory Council at UMMC to educate medical professionals, government agencies, legislators, and the public about rare diseases as a public health issue.
- A board of directors will oversee the work of an Advisory Council that consists of representatives from various entities that include the following:
  - Academic research institutions
  - Licensed geneticists
  - Rare disease physicians
  - People living with rare disease
  - Caretakers of those with rare disease
  - Rare disease patient organizations
  - Pharmacists
  - Biotechnology industry
  - Health plan companies
- The bill requires the advisory council to perform several duties with the ultimate goal of providing research and policy recommendations to promote access to insurance, providers, and services for Mississippians with rare diseases.

HB 764: State Department of Health and State Board of Health; extend repealer on. *(Shanks)*

- This bill reauthorizes the law pertaining to the State Board of Health and State Department of Health by extending the repealer to July 1, 2029, and revises the procedures for appointments to the State Board of Health by providing all appointments be made by the Governor for six year terms.
- The bill adds a new section to the law that requires the State Board of Health and State Health Officer to study, "in its broadest sense," the status of healthcare in Mississippi. The study is to include an assessment of an array of challenges regarding healthcare in Mississippi, as well as opportunities to improve the healthcare systems. With a specific focus on greater coordination between state agencies and local governments, the bill also directs all

state agencies to assist in the development of the study by cooperating with the Board of Health and State Health Officer when requesting or seeking information.

SB 2468: Budget process; bring forward certain sections relating to and provide for transfer of funds. *(Hopson)*

- This bill included several appropriations to various hospitals and healthcare entities intended to assist with covering the costs of improving infrastructure and enhancing the healthcare workforce.
  - 2022 IHL Capital Improvements Fund: $110,000,000
    - $7,085,124: to UMMC for repair, renovation, and upgrading of campus buildings, facilities, and infrastructures.
  - 2022 State Agencies Capital Improvements Fund: $26,100,000
    - $6,000,000: Department of Mental Health for planning, repair, renovation, improvements, furnishing and equipping of buildings, grounds, and infrastructure under the care and control of the department statewide.
    - $4,000,000: Mississippi Department of Health for planning, repair, and renovation to the building envelope at Thompson Lab and planning, repair, and renovation, furnishing and equipping of the North Wing of the Underwood Building.
  - 2024 Local Improvements Projects Fund: $249,375,000
    - $1,000,000: Neshoba County General Hospital to assist with paying costs associated with the allied health facility in conjunction with East Central Community College.
    - $1,000,000: Neshoba County General Hospital to assist with paying costs associated with construction to develop property for East Central Community College to develop a nursing school program.
    - $1,000,000: Tomastown Medical Park to assist with paying costs associated with the construction of two state-of-the-art medical facilities in Woolmarket, Mississippi.
    - $300,000: Magnolia Regional Health Center to assist with paying costs associated with the residency program.
    - $1,500,000: Singing River Healthcare Academy to assist with paying costs associated with general improvements.
    - $250,000: Tippah County Hospital to assist with paying costs associated with parking lot infrastructure and repair.

HEALTHCARE WORKFORCE

SB 2681: Certified Academic Language Therapists; allow to help instruct students with dyslexia in school. *(England)*

- The Dyslexia Therapy Scholarship for Students with Dyslexia Program[5] was established by the legislature in 2012 to provide students with scholarships to attend public or private schools that provided dyslexia services.
- This bill increases access to school-based dyslexia services by expanding the program and making Certified Academic Language Therapists (CALT) eligible for employment in schools to provide dyslexia services. The bill also provides for a CALT licensed in another state to be issued a license by the Mississippi Department of Education through reciprocity.

SB 2072: Physical therapy practice laws; revise various provisions of. *(Blackwell)*

- This bill provides greater flexibility for licensed physical therapists to provide services and implement therapies.
- A prescription or referral is no longer necessary for physical therapists to conduct initial evaluations or consultations to determine the need for additional services.

- A physical therapist that has a doctorate degree in physical therapy or a physical therapist with five or more years of experience may now implement physical therapy treatment with or without a prescription or referral.
- The bill stipulates however, that if a patient has not made notable improvements from physical therapy in thirty calendar days, the physical therapist is required to refer that patient to an appropriate healthcare provider.

SB 2157: Psychological Interjurisdictional Compact; enact. *(Fillingane)*

- The Psychological Interjurisdictional Compact was approved by the Association of State and Provincial Psychology Boards in February 2015, and is an interstate compact that was designed to facilitate the provision of certain psychological services across state lines.
- This bill enters the State of Mississippi into the compact with the primary purpose of increasing public access to psychological services.
- As of June 2024, only six states within the contiguous United States had not joined the Psychological Interjurisdictional Compact: California, Iowa, Louisiana, Montana, New Mexico, and Oregon[6].

SB 2159: Marriage and family therapists; revise certain requirements for licensure. *(Fillingane)*

- Marriage and family therapists in Mississippi have historically been required to have obtained a master's degree or doctoral degree in marriage and family therapy from an institution accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).
- This bill amends the educational and experience requirements for marriage and family therapists in Mississippi by offering eligibility for licensure to graduates of institutions accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

SB 2848: American Rescue Plan Act (ARPA) Programs; revise related programs, provide procedure of unobligated funds, and transfer certain funds. *(Hopson)*

- This bill amends several ARPA Programs established in previous sessions. Of note, are the amendments to the Skilled Nursing Home & Hospital Nurses Retention Loan Repayment Program.
- When established, this program was limited to nurses who had gained first time employment within the past year. This bill removed the stipulations of first-time employment, as well as the restrictions on the timing of that employment. Eligibility requirements now require an applicant to have:
  - Legal residency in the State of Mississippi;
  - Gained qualified employment at a qualifying location;
  - A current, relevant Mississippi professional license; and
  - Outstanding qualifying educational loans.

HB 1129: Office of Mississippi Physician Workforce; transfer from UMMC to the State Department of Health. *(Mims)*

- The Office of Mississippi Physician Workforce was created in 2012 and originally housed at under the University of Mississippi Medical Center.
- The primary amendment to the program in this bill is the transferring of the program to the Mississippi State Department of Health. This legislation amends the make-up of the advisory board by including two designees from William Carey University's College of Osteopathic Medicine and two

designees from the Community Health Center Association of Mississippi.

- The bill also allows for fellowships, in addition to residencies, to be included in the types of training programs that are eligible for financial assistance.

SB 2729: Rural Physicians Scholarship Program and Rural Dentists Scholarship Program; revise certain provisions of. *(Boyd)*

- The Rural Physicians' Scholarship Program was created in 2007 to identify and recruit students from rural areas of the state for medical or osteopathic medical education.
- This bill amends the program to allow for students from across the state, not just rural areas, to be eligible for financial support at any medical or osteopathic medical school in the State of Mississippi, not just the University of Mississippi Medical Center.
- The bill also provides eligibility to students interested in pursuing careers in psychiatry or child psychiatry and directs the advisory board to consult with the Mississippi Psychiatric Association.
- In August 2023, following a review of the program, the State Auditor released recommendations to improve the program[7]. As a result, this bill now directs the program to submit annual reports to the legislature with data and statistics pertaining to the efficacy of the program.

HB 1567: Workforce development; revise various provisions related to. *(Bell, 21st)*

- This bill addresses several of the state's workforce development programs. Specific to the healthcare workforce, however, the bill amended the Mississippi Allied Health College and Career Navigator Grant Program by directing the Office of Workforce Development to establish rules and regulations for the eligibility requirements of navigators.

NAVIGATOR:

Professionals that provides assistance and guidance for completing college and financial aid applications, handling challenges related to being enrolled in college, understanding the job market, and other areas of need in order to encourage student success from enrollment to graduation.

Source: AccelerateMS. (2023). Mississippi Invests Over $2 Million in Navigators to Improve Outcomes in Nursing Programs. https://acceleratems.org/mississippi-invests-over-2-million-in-navigators-to-improve-outcomes-in-nursing-programs/

- The bill also provides authority to the Executive Director of the Mississippi Department of *Rehabilitative Services* to, when funding is available, grant a paid internship to a junior or senior-level undergraduate student pursuing a bachelor's degree in an area that would qualify them to be a rehabilitation specialist or a benefit program specialist at the Department.
- Lastly, this bill establishes the Paramedics Recruitment and Retention Scholarship Program. The program will be used by the Office of Workforce Development, with the Mississippi Department of Employment Security as the fiscal agent, to provide grants to qualified applicants that cover the full costs associated with attending and completing accredited paramedic training programs. To qualify, an applicant must meet the following criteria:
  - Be a certified Emergency Medical Technician (EMT);
  - Have the necessary requisites of an accredited paramedic program;
  - Commit to locate in the State of Mississippi for a minimum of three years; and
  - Meet any other conditions as established by the Office of Workforce Development.

HEALTH INSURANCE COVERAGE

SB 2125: State employees; authorize the state to offer health savings accounts to. *(Johnson).*

- This bill directs the State and School Employee Health Insurance Management Board to allow state employees to participate in health savings account (HSA) programs.
- State employees must pay the full cost of the program and consent to a payroll deduction for the HSA.

HEALTH SAVINGS ACCOUNT (HSA)

A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.

HealthCare.gov. (2024). Health Savings Account (HSA). https://www.healthcare.gov/glossary/health-savings-account-hsa/

SB 2140: Mississippi Prior Authorization Reform Act; enact. *(Michel)*

"The healthcare professional-patient relationship is paramount and should not be subject to unreasonable third-party interference."

- The Mississippi Prior Authorization Reform Act, S.B. 2140, 2024 MS Legislative Session

- The Legislature enacted the Mississippi Prior Authorization Reform Act with sections 1-4 of the bill outlining legislative findings, stipulating that the provisions of the act shall apply to all health insurance issuers (the issuer) throughout the state, and defining several terms relevant to the provisions of the act. Outlined below are the requirements for the issuers and the various reforms to the prior authorization (PA) process.
  - Disclosure and Review of Prior Authorization Requirements:
    - The issuer must maintain a complete list of services for which PAs are required.
    - The issuer must have current PA requirements and restrictions, as well as the clinical review criteria, readily available and easily accessible on the issuer's website, including information regarding the effective dates of when a PA became required or was terminated.

CLINICAL REVIEW CRITERIA

Written screening procedures, decision abstracts, clinical protocols and practice guidelines used by a health insurance issuers to determine the necessity and appropriateness of health care services.

Sources: U.S. Department of Labors. (2010). Uniform Health Carrier External Review Model Act. https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/naic-uniform-review-model-act.pdf

    - The bill establishes that clinical review criteria must be based on nationally recognized and generally accepted standards except for instances in which state law has prescribed standards of its own.
    - The issuer is prohibited from denying a claim for failure to obtain a PA if the PA requirement was not in effect on the date of service and from deeming services or supplies as incidental when an associated service has received a PA.
    - If the issuer intends to implement new PA restrictions or amend existing ones, the issuer must provide written notice to providers and patients no less than 60 days prior to the new or amended restrictions being implemented.

- The issuer must ensure that statistics related to the approval and denial of PAs are readily available on their websites and updated annually.

- Standardized Electronic Prior Authorizations:
  - The issuer or designated utilization review organization must have a standardized electronic, internet, or web-based PA request system in place by July 1, 2025, and all healthcare providers and professionals will be required to use such systems by July 1, 2027.

- Prior Authorizations in Nonurgent Circumstances:
  - The issuer must make an approval or adverse determination and notify the enrollee, their healthcare professional, and their healthcare provider as expeditiously as possible but no later than 7 calendar days after receiving the request.
  - The bill does not change the two-business day requirement for pharmaceutical services.

- Prior Authorizations in Urgent Circumstances:
  - If a request is made that concerns urgent healthcare services, the issuer must make an approval or adverse determination and notify the enrollee, their healthcare professional, and their healthcare provider as expeditiously as possible but no later than 48 hours after receiving the request.
  - Issuers are also required to ensure that healthcare professionals have access to trained and licensed clinical personnel who are able to consult with physicians to make such determinations.

- Notifications of Adverse Determinations:
  - If an issuer makes an adverse determination, they are to notify the enrollee, their healthcare professional, and healthcare provider with the following information included in the notification:
  - Reasoning for adverse determination and relevant evidence-based criteria, as well as a description of missing or incomplete documentation,
  - The right to appeal the adverse determination,
  - Instructions for filing the appeal, and
  - Additional documentation that is necessary to support the appeal.

- Personnel Qualified to Review Appeals:
  - All appeals must be reviewed by a physician when the request is made by a physician or their representative, and the reviewing physician must:
    - Have a current and nonrestricted license to practice medicine in any United States jurisdiction,
    - Be certified by the American Board of Medical Specialists or the American Board of Osteopathy within the relevant specialty of physicians that typically manage the disease or condition,
    - Have knowledge of and experience in providing the services under appeal,
    - Not have been involved in making the original adverse determination, and
    - Consider all known clinical aspects of the service under review.

- Insurer Review of Prior Authorization Requirements:
  - Issuers must periodically review PA requirements and consider the removal of certain requirements when services are considered customary or supported by peer-reviewed medical publications or for patients with established treatment regimens.

- Length of Approvals:
  - A PA approval shall remain valid for the lesser of the following:
    - 6 months after the receipt of approval,
    - The length of treatment as determined by the patient's healthcare professional, or
    - The renewal of the patient's policy or plan.
  - The approval shall remain valid regardless of any changes, including any changes in the dosage of prescription drugs prescribed by the healthcare professional, and shall be eligible for extension.
- Approvals for Chronic Conditions:
  - If a PA is approved for recurring services or maintenance medications for the treatment of long-term, chronic conditions, the approval shall remain valid for 12 months or through the completion of treatment as determined by the healthcare professional.
- Continuity of Prior Approvals:
  - This section directs the issuer to honor a PA granted to an enrollee from a previous issuer for at least the first 90 days of the enrollee's new coverage.

- The bill also establishes that failure by an issuer to comply with the reforms, requirements, and deadlines outlined in the act will result in any services subject to review to be automatically considered authorized by the issuer and authorizes the issuer to be fined $10,000 per violation.
- The bill directs each issuer to submit annual reports to the Department of Insurance by June 1 of every year that includes the number of PA requests received, denied, and reversed on appeal.

HB 970: Medicaid; extend date of repealers on the services and managed care provisions and the provider assessment provisions. *(McGee)*

- The Medicaid Technical Amendments, often referred to as the Medicaid Tech Bill, are typically brought up every 3 years to reauthorize provisions of the state Medicaid program. While reauthorizations are the main purpose of the tech bill, they can also serve as the vehicle for updating language, amending relevant rules and regulations and, at times, to make major reforms to the program.
- In 2021, a Medicaid Tech Bill was introduced in the House of Representatives and, while ultimately dying in the Senate, would have established a seven-member Medicaid Commission and transferred the authority over the Division of Medicaid from the Office of the Governor to the commission[8]. Back in 2018, much of the debates surrounding the Medicaid Tech Bill were in regard to the state's managed care program[9].
- This bill extends the repealer for the services and managed care provisions in the Medicaid program and the Medicaid Provider Assessment provisions to July 1, 2028.

HB 1143: Advanced Metastatic Cancer; prohibit health plans from requiring step therapy before covering certain drugs to treat. *(Creekmore IV)*

- Step Therapy is a process in which public or private health insurers require patients to take alternative medication(s) before the medicine prescribed by their provider will be covered[10].
- For any health benefit plan that is providing coverage for advanced, metastatic cancer and associated conditions, this bill prohibits the plan from requiring that the enrollee must have previously

either failed to successfully respond to a different drug or have a proven history of failure of a different drug.

- These prohibitions apply only to drugs that are consistent with best practices for the treatment of advanced, metastatic cancer, are supported by peer-reviewed, evidence-based literature, and are approved by the U.S. Food and Drug Administration.

HB 1410: Insurance reimbursement rates; revise certain provisions. *(Turner)*

- This bill requires any entity providing a health benefit plan that was issued in another state but provides coverage for someone in the State of Mississippi to reimburse providers at the same rate as provided for in the state of issuance.
- The bill further stipulates that, so long as the premium is based on certain benefits and network provider reimbursement rates, it must be the same as in the state of issuance even if the reimbursement rate is higher than what it would be in Mississippi.

HB 1647: Commissioner of Insurance; authorize to implement a state insurance exchange, authorize income tax deductions and insurance premium tax credit. *(Lamar; White)*

- House Bill 1647 was passed into law this year and provides the Commissioner of Insurance with the statutory authority to "implement, establish, create, administer, or otherwise operate an exchange" and explicitly provides for the Commissioner's authority to expend the services and funds of the Comprehensive Health Insurance Risk Pool Association in order to do so.

EXCHANGE

A mechanism for organizing the health insurance marketplace to help consumers and small businesses shop for coverage in a way that permits easy comparison of available plan options based on price, benefits and services, and quality. By pooling people together, reducing transaction costs, and increasing transparency, Exchanges create more efficient and competitive markets for individuals and small employers.

Source: CMS.gov. 2023. Initial Guidance to States on Exchanges. https://www.cms.gov/cciio/resources/files/guidance_to_states_on_exchanges

- This legislation also establishes the Mississippi Health Insurance State Exchange Trust Fund, which is to be funded by annual contributions of a fixed amount that are set each year by the Commissioner as a percentage of the fees assessed on the gross premiums charged on all policies sold on the exchange (percentage not to exceed 3.5%). The bill also authorizes the Commissioner to expend these special funds.
- The bill provides the authority for the Comprehensive Health Insurance Risk Pool Association to develop and fund an online portal to host the exchange and revises the statutory purpose of the Association by adding, "It is further the purpose of the Legislature to establish a mechanism to assist the Commissioner of Insurance with the creation, implementation or operation of an exchange."

TYPES OF INSURANCE EXCHANGES

State-Based Marketplace (SBM)
- State-maintained marketplace functions
- State-maintained website

State-Based Marketplace-Federal Platform (SBM)
- State-maintained marketplace functions
- Federally-maintained marketplace website (Healthcare.gov)

Federally-Facilitated Marketplace (FFM)
- Federally-maintained (HHS) marketplace functions
- Federally-maintained marketplace website (Healthcare.gov)

Source: KFF. (2024). State Health Insurance Marketplace Types, 2024. https://www.kff.org/affordable-care-act/state-indicator/state-health-insurance-marketplace-types

- The work towards establishing and operating a State-Based Exchange in Mississippi dates back to 2007, years before the federal Patient Protection and Affordable Care Act (PPACA) began requiring states to have some type of exchange in place. Governor Haley Barbour, with the backing of Insurance Commissioner Mike Chaney, encouraged the legislature to pass the Mississippi Health Insurance Exchange Act of 2008[11]. While this bill died in committee, work continued to create a path toward the establishment of a state-based exchange. In the 2010 Regular Session, the legislature passed Senate Bill 2554 to create the Health Insurance Exchange Study Committee[12].
- Mississippi was closer than most other Southeastern states to creating a state-based exchange when, during the 2011 Regular Session, two bills were introduced in the legislature that would have done just that. House Bill 1220 and Senate Bill 2992 would have given the Mississippi Insurance Department (MID) the authority to create the exchange. While both of these bills ultimately died, House Bill 377 was passed for the purposes of renewing the Health Insurance Exchange Study Committee for an additional two years[13].
- Later that year, MID received legal advice regarding the situation which revealed that a bill from 2009 had revised the statutory purpose of the Mississippi Comprehensive Health Insurance Risk Pool Association (Association). The amendments made in Senate Bill 2842 allowed the Association to be the mechanism for Mississippians to "obtain or continue health insurance coverage under a state or federal program designed to enable persons to obtain or maintain health insurance coverage." With that in mind, MID began working with the Association to develop a plan for establishing a state-based exchange and, on June 29, 2011, submitted an application to HHS for a Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges on behalf of the State of Mississippi with a letter of support from Governor Barbour[14]. Over the course of the next year, Mississippi took major steps toward the development of its state-based exchange, but disputes over who had the authority to create the exchange led to a disruption in progress.
- Newly elected Governor Phil Bryant was against the establishment of a state-based exchange due to its relation to the PPACA, a policy he was not supportive of and, over the next year, the question of authority persisted. Amidst these disputes, the work to develop the state-based exchanged had continued successfully and on November 14, 2012, Commissioner Chaney sent an official Declaration Letter of Intent to implement and operate the exchange to the Center for Consumer Information and Insurance Oversight at CMS[15]. Governor Bryant responded with two separate letters to HHS in November and December of the same year, stating his opinion that MID did not possess the statutory or constitutional authority to establish or operate a state-based exchange[16]. In a third letter written on January 18, 2013,

he reaffirmed these points by stating that he had instructed the Mississippi Division of Medicaid "not to assist or cooperate," with a state-based exchange[17].

- On February 8, 2013, HHS returned a letter to Commissioner Chaney that denied the Blueprint Application and stated, "With a lack of support from your Governor and no formal commitment to coordinate from other State agencies, we do not see a feasible pathway to conditionally approving a State-Based Exchange in Mississippi for 2014[18]."
- PPACA provisions require that, for state-based exchanges, a "State's Declaration Letter must be signed by the State's Governor" and must include a documented coordination strategy with other state agencies. After receipt of the denial, Commissioner Chaney was quoted saying, "When the Governor pulls the plug on the state-based health exchange, there's not anything I can do to re-establish it[19]."

CHILDREN & FAMILIES

HB 539: Medicaid; provide for presumptive eligibility for pregnant women. *(McGee)*

- The State of Mississippi has historically had some of the highest rates of maternal and infant mortality in the country. In 2023, the state's Maternal Mortality Review Committee found that from 2016-2020, 80% of maternal deaths could have been prevented[20].
- Presumptive Eligibility for Pregnant Women (PEPW) is an optional policy for state Medicaid programs that helps streamline access to much needed prenatal care. When a pregnant person is presumed eligible, they are able to receive prenatal care that will be reimbursed by Medicaid while their application for ongoing coverage is being processed. PEPW has proven to improve maternal and infant health, reduce the rates of morbidity and mortality, as well as preterm births by providing timely access to prenatal care[21]. Mississippi now joins 29 other states and the District of Columbia in providing presumptive Medicaid eligibility for pregnant women to access prenatal care[22].

PEPW QUALIFIED PROVIDERS:

- Providers that are eligible for payments under the state's Medicaid Plan
- County Health Departments,
- Federally Qualified Health Centers (FQHCs),
- Other entities as approved or designated by the Division of Medicaid.

- This bill allows for qualified providers to use preliminary information from the patient to presume them eligible for Medicaid coverage of ambulatory prenatal care services for up to 60 days after the preliminary determination was made.
- In order for a presumptive eligibility determination to be made, a pregnant person must provide a qualifying provider with the following:
  - Proof of pregnancy, and
  - Documentation of monthly household income that is at or below 194% FPL, or about $29,000 for an individual.
- When the determination of presumptive eligibility is made, the qualified provider must notify the Division of Medicaid within 5 days of the determination being made, and inform the patient that they are required to submit an application for Medicaid, made available by the provider, no later than the last day of the month after the month of the determination, i.e., if presumed eligible on July 15, the application must be submitted by August 31.
- The law went into effect July 1, 2024, and shall stand in effect thereafter.

SB 2727: Mississippi K-12 and Postsecondary Mental Health Task Force; create and provide membership and duties. *(Boyd; Parker)*

- The bill also reconstituted the Early Intervention Task Force that was established in 2023 in order to complete its work in implementing a new service delivery model for Part C of IDEA.
  - Part C of the Individuals with Disabilities Education Act or, IDEA, is the program for children from birth to age 3 that focuses on enhancing, "the development of infants and toddlers with disabilities, to minimize their potential for developmental delays and to recognize the significant brain development that occurs during the child's first three years[23]."
- The mental health task force established with this legislation is discussed further in the Mental Health section.

SB 2349: Cardiac emergency response plans; require schools to implement and provide procedures and certain immunity related thereto. *(Boyd)*

- A Cardiac Emergency Response Plan (CERP) is a written document that establishes and outlines specific steps to reduce the risk of death associated with cardiac arrest in school settings[24].
- Beginning in the 2024-2025 school year, this bill directs all public schools in Mississippi to develop a CERP to ensure that school personnel can respond appropriately to incidents of cardiac arrest or a similar emergency while on school grounds. Additionally, the legislation directs schools with athletic programs to include provisions to address the same type of emergencies but specifically for those individuals who are attending or participating in an athletic practice or event. Schools are to work with emergency services providers to integrate the CERP into local EMS protocols.
- The bill stipulates that the CERP must integrate, at minimum, the following guidelines:
  - Establishment of cardiac emergency response team,
  - Activation of the team in response to a sudden cardiac arrest,
  - Plans for implementing AED placement and maintenance within schools,
  - Dissemination of CERP throughout school campus(es),
  - Ongoing staff training in CPR/AED use,
  - Practice with use of drills at least annually,
  - Integration of local EMS with the plan, and
  - Ongoing and annual review and evaluation of the plan.
- Additionally, the bill provides for protections against liability for the school district and school district employees that act in response to the CERP.
- The law went into effect July 1, 2024, and shall stand in effect thereafter.

HB 346: Seizure Safe Schools Act; establish. *(Roberson; Anthony)*

- By July 1, 2025, all Mississippi public school districts with an enrolled student diagnosed with seizure disorder will be required to maintain at least one school employee at each school that has been trained to administer or assist with the self-administration of medications used to treat seizure symptoms or emergencies.
- Before a school employee can administer these medications, a parent or guardian must provide the school with:
  - Written authorization to administer the medication at school,

- Written statement from the student's healthcare provider that includes:
  - Full name,
  - Name and purpose of medication,
  - Prescribed dosage, frequency, and method of administration,
  - Circumstances under which the medication may administered.
- The prescribed medication in its labeled and sealed package,
- A seizure action plan, made in collaboration with the school, and defined as a written, individualized health plan designed to acknowledge and prepare for the healthcare needs of a student or employee diagnosed with a seizure disorder.

- The law went into effect July 1, 2024, and shall stand in effect thereafter.

SB 2556: Early Learning Collaborative Act; require the Department of Education to provide certain data on educational efforts. *(Younger; Chassaniol, Polk, Blackwell, Kirby)*

- The Early Learning Collaborative Act of 2013 directed the Mississippi Department of Education to establish a voluntary prekindergarten program and be implemented by the 2014-2015 school year. The Act called for a three-year report to be submitted to the Legislature and Governor that outlined the effectiveness of the program and provided for the PEER Committee to conduct and submit to the Legislature a review and independent findings of each three-year report.
- This bill amends the program by outlining the minimal requirements for the short-term and long-term effects that should be included in the review which include the following:
  - Kindergarten readiness,
  - English Language arts proficiency in grades 3-8,
  - Math proficiency in grades 3-8,
  - Science proficiency in grades 3-8,
  - Disciplinary incidents,
  - Chronic absenteeism,
  - On-time graduation rate,
  - College enrollment,
  - Grade retention, and
  - Special education services and exits.
- The law went into effect July 1, 2024, and shall stand in effect thereafter.

HB 1624: Court-Appointed Special Advocate (CASA) Program; create state association and standardize operations of local programs. *(Fondren)*

- The Court-Appointed Special Advocates (CASA) program originated from a youth court judge in 1976 who believed "these children, who had experienced abuse or neglect, needed trained volunteers speaking up in the courtroom for their best interests.[25]" Appointed by youth court judges, CASA Volunteers work with the legal system and child welfare professionals to understand and appreciate a child's situation and advocate for their best interests[26].
- The Mississippi Court Advocacy and Justice Institute received a "state organization development grant" from the National CASA Association in 2002 and established CASA Mississippi. Since then, CASA Mississippi has supported six Local CASA programs and is working to develop more[27].
- This bill establishes CASA Mississippi as the state CASA Association for which all CASA Volunteers, local board members, program directors, and staff are eligible for membership. The Association is directed to adopt standards for CASA Volunteers and programs, provide support services to local programs and youth courts, and submit data and recommendations to state leadership on an annual basis.

- Local CASA Programs are required to comply with the National CASA Association and CASA Mississippi standards for programs and to submit an annual report to the state association that includes the following information:
  - Number of CASA Volunteers in the program,
  - Number of program staff,
  - Number of children served,
  - Number of volunteers receiving initial training,
  - The type of source of the funds received and the amount received from each type of source during the previous fiscal year,
  - Expenditures from the previous fiscal year, and
  - Other information deemed appropriate.
- For areas of the state without a Local CASA Program, the bill also provides authority to youth court judges or senior chancellors to establish a local program and to appoint members to the initial board. Subsequent members are to be selected by existing board members with each board consisting of seven members with demonstrated interest and experience in child welfare issues.

MENTAL HEALTH

SB 2727: Mississippi K-12 and Postsecondary Mental Health Task Force; create and provide membership and duties. *(Boyd; Parker)*

- This task force was established to develop recommendations for the Legislature to address the increasing concern for students' mental health, from K-12 through the community college and university level. The task force is to include legislators, state agency leadership, mental healthcare providers, public school behavioral health providers, a representative of the Mississippi Youth Council, and a family advocacy representative appointed by the Mississippi Coalition for Citizens with Disabilities.
- The bill outlines the duties of the task force to evaluate current data, resources, laws, and policies pertaining to mental health in Mississippi, and requires that a report with findings and recommendations be submitted to the Legislature by October 1, 2024. The specific duties of the task force include the following:
  - Collect and analyze publicly available data and statistics regarding the current status of student mental health to explore the impact of trauma and mental health issues on student behavior, dropout and graduation rates, academic achievement, and employment,
  - Evaluate and review resources, including the current workforce, that are presently available to address student mental health,
  - Review the training and professional development provided to school personnel for classroom management, identification, referral, intervention, and prevention,
  - Evaluate strategies that have shown to be successful in addressing student mental health in Mississippi and across the country, and to
  - Explore the effects of multi-tiered wellness programs that are conducive to growth, achievement, the cultivation of resilience and motivation, and culturally sensitive personal development.

HB 1376: Qualified residential treatment programs; authorize certain youth in Child Protective Services to be placed in. *(Creekmore IV)*

- This bill creates a new section in the state's child welfare statutes to establish Qualified Residential Treatment Programs (QRTPs) as alternative placements for children and youth in the custody of the Department of Child Protective Services when the needs of the child cannot be met by the family of the child or a foster family home.
- The bill establishes QRTPs as alternative placements and defines them in accordance with the federal definition provided under 42 U.S. Code § 672(k)(4) which states the following[28]:
  - *Has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment of the child*
  - *Has registered or licensed nursing staff and other licensed clinical staff who*
    - *Provide care within the scope of their practice as defined by State law,*
    - *Are on-site according to the trauma informed treatment model implemented, and*
    - *Are available 24 hours a day and 7 days a week.*
  - *To the extent appropriate, and in accordance with the child's best interests, facilitates participation of family members in the child's treatment program;*
  - *Facilitates outreach to the family members of the child, including siblings, documents how the outreach is made, including contact information, and maintains contact information for any known biological family and fictive kin of the child,*
  - *Documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;*
  - *Provides discharge planning and family-based aftercare support for at least 6 months post-discharge; and*
  - *Is licensed and accredited by Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), or any other independent, not-for-profit accrediting organization approved by the Secretary of the U.S. Department of Health and Human Services.*

HB 1640: Mental Health; revise procedures for screening, evaluation, and commitments for those with issues of. *(Creekmore IV)*

- The mental healthcare system in Mississippi has been the subject of major reforms over the past few years that have aimed to increase awareness, expand resources, and resolve systemic issues. A major issue the Legislature has worked to address is the process for civil commitments.

CIVIL COMMITMENT

A legal process in which a court orders a person to a hospital for treatment or evaluation.

Source: DMH Helpline & Resources: The Civil Commitment Process. https://www.dmh.ms.gov/help/civil-commitment/

- Investigative reporting published over the past year revealed significant flaws in Mississippi's procedures for the civil commitment of individuals in need of mental health services. The reporting found that, from a national perspective, Mississippi was unique with its consistent practice of placing individuals with no criminal charges in jail while awaiting mental health treatment – a period of time that can last from days to weeks.

- Reviews of jail dockets from 19 of Mississippi's 82 counties found that from 2019 to 2022, people awaiting court ordered treatment were placed in jails, with no criminal charges, at least 2,000 times with the majority of these placements lasting more than three days and, at least 130 lasting longer than 30 days.
- Since 2006, 14 individuals have died in jail while waiting for treatment – 9 by suicide[29].

- Using the information gathered and lessons learned as a result of the Mississippi Collaborative Response to Mental Health Act of 2023[30], this bill overhauls the state's civil commitment process and significantly limits the practice of placing individuals going through the process in jails.
- In order to continue making informed decisions related to the civil commitment process, the bill requires Community Mental Health Centers (CMHCs) to submit a quarterly report to the Board of Supervisors of each county in their region, the Mississippi Department of Mental Health (MDMH), the county sheriff's offices, and chancery court judges that includes the following data and information pertaining to the previous quarter:
  - Number of occupancy percentages reported by the crisis stabilization unit (CSU) in the region,
  - Number of individuals held in jail after the commitment process began and the number of those individuals who received treatment from a CMHC while in jail,
  - Number of pre-affidavit screenings conducted,
  - Number of individuals diverted to alternative care that is less restrictive than commitment,
  - Number of CSU denials and the reason for the denials,
  - Summary reports of Medicaid claims, including denials, and
  - The cash balance as of the date of the end of the quarter being reported.
- The bill requires that anyone seeking to file an affidavit for commitment must first be directed to a CMHC for a pre-affidavit screening to assess the situation before proceeding with any further legal measures. The pre-affidavit screening must be completed within 24 hours of the CMHC being notified. If that initial screening warrants civil commitment, the affidavit must specifically state that a less restrictive alternative treatment was considered and explains why such treatment would not be appropriate.
- With direction from the court, the respective Chancery Court Clerk will issue a writ directing the sheriff of that county to take the individual into custody only after;
  - The pre-affidavit screening is completed,
  - The pre-affidavit screening report recommending commitment is received by the clerk, and
  - The affidavit of commitment has been filed.
- The dangerous practice of placing these individuals in jail is addressed by adding to the law that a jail or other detention center may not be used for custody unless:
  - The CMHC has explored and exhausted the availability of other appropriate facilities, such as CSUs, the local hospital or any other MDMH certified location,
  - A chancellor of the court specifically authorizes the individual being placed in jail, or
  - The individual is actively violent.

- The bill further stipulates that, other than jails with facilities certified by MDMH, if a jail must be used for custody, the individual must not remain in jail for more than 24 hours and must receive treatment from the CMHC while in jail.
- House Bill 1640 represents a significant step towards improving the civil commitment process in Mississippi, aiming to ensure more humane treatment for individuals with severe mental illness and reducing the reliance on jails for holding such individuals.

SB 2468: Budget process; bring forward certain sections relating to and provide for transfer of funds. *(Hopson)*

- Along with the investments made in the state's hospital systems, the bill also provides funding to enhance infrastructure for mental health services.
- From the 2024 Local Improvements Projects Fund ($249,375,000), $500,000 was allocated to Lafayette County, Mississippi to assist in paying the costs associated with crisis intervention beds for the Regional Mental Health Center.

DRUG POLICY

HB 728: Prescription drugs; prohibit discriminating actions against 340B drug discount program entities. *(Barton)*

- The 340B Drug Pricing Program was created by Congress in 1992 with the passage of the Veterans Health Care Act[31]. The program requires pharmaceutical manufacturers that participate in Medicaid or Medicare to provide discounts on outpatient medications to eligible healthcare organizations, statutorily referred to as "covered entities," that serve a higher number of low-income or uninsured patients, and other safety-net providers such as federally qualified health centers (FQHCs) or disproportionate share hospitals (DSH).
- In response to issues of whether certain distribution systems for 340B drugs were allowable, the Health Resources and Services Administration (HRSA), a unit of the Department of Health and Human Services (HHS) guidance in 1996 which, "stated that a covered entity without an in-house pharmacy may contract with a single outside pharmacy to distribute drugs at a single location." Years later, in 2010, HRSA's guidance shifted and stated that, "covered entities may contract with an unlimited number of outside pharmacies and may do so regardless of whether the entities have in-house pharmacies." The guidance issued in both 1996 and 2010, however, never deviated from the requirement that covered entities must maintain the title to, and the responsibility for 340B drugs distributed to contract pharmacies[32]. The guidance issued in 2010 subsequently resulted in a substantial increase in covered entities' arrangements with contract pharmacies, from around 1,300 contracts in 2010 to more than 20,000 by 2018 and led to attempts by pharmaceutical companies to limit or impose restrictions on the distribution of 340B drugs to contract pharmacies.
- This bill, similar to legislation that was passed in Louisiana, Maryland, and West Virginia, prohibits various discriminatory actions against covered entities participating in the 340B Program. More stringently, the bill specifically prohibits a drug manufacturer or distributor from denying, restricting, or interfering with the acquisition or delivery of 340B drugs to pharmacies contracted with 340B covered entities.
- On May 30, 2024, the Pharmaceutical Research & Manufacturers of America (PhRMA) filed a complaint against the State of Mississippi in the U.S. District Court for the Southern District of Mississippi to challenge the constitutionality of the recently passed legislation[33]. In early July 2024, the District Court issued an order

denying PhRMA's motion for preliminary injunction, to which they appealed.

- In March 2024, the 8th U.S. Circuit Court of Appeals rejected a challenge brought by PhRMA to a similar bill that was passed in Arkansas in 2021. Nevertheless, Mississippi is one of four other states that has been sued this year by either PhRMA or Novartis Pharmaceuticals because of legislation that was passed to require that drug manufacturers provide discounted drugs to pharmacies contracted with 340B covered entities[34].

HB 1137: Opioid Antagonists; authorize community organizations and others to receive and administer. *(Nelson)*

- This bill amends the Emergency Response and Overdose Prevention Act by allowing community organizations and high-risk opioid overdose touchpoints to store, distribute, and administer opioid antagonists to individuals at risk of an opioid-related overdose.
  - Community organizations are defined as an organization that works toward the desired improvements to a community's social health, well-being, and overall functioning and may include organizations that participate in social work, and that are related to the organized development of community social welfare through coordination of public and private agencies.
  - High-Risk Opioid Overdose Touchpoints are defined as a healthcare entity, public health program, criminal justice system or hospitality industry that may interact with individuals that are considered high risk of experiencing or witnessing an opioid overdose, or deliver harm-reduction services, or engage in treatment of substance use disorders.
- Furthermore, the bill provides the authority for healthcare providers to directly, or by standing order, prescribe opioid antagonists to a community organization, as well as the authority for those organizations to store, distribute, and administer opioid antagonists.

SB 2340: Harper Grace's Law; extend repealer on authority to research and dispense cannabidiol (CBD) for medical purposes. *(Bryan)*

- Harper Grace's Law was passed by the Mississippi Legislature in 2014 to allow clinical research on the medical use of cannabidiol (CBD) and related compounds at the University of Mississippi Medical Center[35].
- This bill reauthorizes that law for an additional three years by extending the date of repeal to July 1, 2027.

SB 2857: Medical cannabis act; set additional provisions related to background checks, department investigations, fees and appeals. *(Blackwell)*

- This bill amends the Medical Cannabis Act to require that the Mississippi State Department of Health (MSDH) obtain criminal background checks for any individuals applying to become a licensee, agent, or representative of a medical cannabis establishment or the MSDH Medical Cannabis Program.
- The bill also establishes application procedures and requisite considerations for who may be considered qualified to serve as an agent or officer of a medical cannabis establishment.
- Lastly, the amendments also removed the limit for the allowable amount of medical cannabis a cardholder may obtain in one week, but maintains the limit of 24 Mississippi Medical Cannabis Equivalency Units (MMCEUs) for a 30 day period.

SB 2888: Medical Cannabis Research Advisory Board; enact and create the Mississippi Medical Cannabis Research Program. *(Blackwell)*

- This bill establishes the Mississippi Medical Cannabis Research Program (the Program) at the National Center for Cannabis Research and Education at the University of Mississippi.
- The primary responsibility of the program is to conduct, facilitate, and support the funding of medical cannabis research relating to the following:
  - The health effects and the potential risk of side effects of the use of medical cannabis,
  - The efficacy and health impacts of various methods of administration of medical cannabis, e.g., vaporizing, ingesting, topical application, or combustion, and
  - When appropriate and sufficient data is available, the patient outcomes in any state with a medical cannabis program.
- The *Medical Cannabis Research Advisory Board* is also established by this legislation for the purpose of reviewing and advising the research conducted or facilitated by the program, and to make recommendations to the Legislature regarding the following:
  - Development of evidence-based guidance for medical cannabis treatments based on current medical research that includes the following:
    - A summary of medical research regarding the treatment of each qualifying condition with medical cannabis,
    - Risks, side-effects, and adverse reactions associated with medical cannabis, and
    - The potential for adverse interactions between medical cannabis and prescription drugs.
  - Education opportunities for recommending medical providers, pharmacy providers, medical cannabis cardholders, and the public regarding;
    - The evidence-based guidance for medical cannabis treatments,
    - Warnings and safety information related to medical cannabis, and
    - Any other topics as determined by the Mississippi State Department of Health.

HB 1685: Uniform Controlled Substances Act; revise schedules. *(Hobgood-Wilkes)*

- Drugs and other substances are categorized into one of five Controlled Substance Schedules based on their medical use, the potential for abuse, and the likelihood of dependency. Schedule 1 drugs are of higher risk and have greater potential for abuse, while Schedule 5 drugs pose the least risk or potential for abuse[36].
- This bill updates the state's Controlled Substance Schedules with the following additions or revisions:
  - Schedule 1
    Amended to include:
    - Brorphine
    - Metonitazene
    - Zipeprol
    - Eutylone
    - Amineptine
    - Mesocarb
    - Methiopropamine
  - Schedule 4
    Amended to include:
    - Daridorexant
    - Zuranolone
    - Amended to remove:
    - Fenfluramine
  - Schedule 5
    Amended to include:
    - Ganaxolone

SOURCES

1. Summary of General Legislation - 2024 Regular Session. (2024). Legislative Services Office, Mississippi State Senate. https://www.legislature.ms.gov/media/1352/senate_summary_final_2024_v3.pdf
2. H.B. 1537, 2012 Leg., 2012 Reg. Sess. (Miss. 2012). https://billstatus.ls.state.ms.us/2012/pdf/history/HB/HB1537.xml
3. Orphan Drug Act of 1983. Pub L. No. 97-414, 96 Stat. 2049.
4. The Lancet, Global health. (2024). The landscape for rare diseases in 2024. Editorial, 12(3), e341–e341. https://doi.org/10.1016/s2214-109x(24)00056-1.
5. H.B. 1032, 2012 Leg., 2012 Reg. Sess. (Miss. 2012). https://billstatus.ls.state.ms.us/2012/pdf/history/HB/HB1031.xml.
6. Psychology Interjurisdictional Compact (PSYPACT). (2023). Psypact.org. https://psypact.org
7. The Mississippi Office of the State Auditor. (2023). UMMC Rural Scholarships Program: Performance Review. https://www.osa.ms.gov/documents/Special_Reports/2023-Rural%20Scholarships.pdf
8. Ulmer, S. (2021, January 22). Key MS House leader offers bill to restructure authority over Division of Medicaid. Magnolia Tribune. https://magnoliatribune.com/2021/01/22/key-house-leader-offers-bill-to-restructure-authority-over-division-of-medicaid/
9. Wolfe, A. (2018, March 26). Lawmakers strike Medicaid deal at last minute to usher in budget passage. The Clarion-Ledger. https://www.clarionledger.com/story/news/politics/2018/03/26/lawmakers-strike-medicaid-deal-last-minute-usher-budget-passage/458554002/
10. Step Therapy (Fail First). NORD (National Organization for Rare Disorders). https://rarediseases.org/policy-issues/step-therapy/
11. H.B. 1379, 2008 Leg., 2008 Reg. Sess. (Miss. 2008). https://billstatus.ls.state.ms.us/2008/pdf/history/HB/HB1379.xml
12. S.B. 2554, 2010 Leg., 2010 Reg. Sess. (Miss. 2010). https://billstatus.ls.state.ms.us/2010/pdf/history/SB/SB2554.xml
13. Center for Mississippi Health Policy. (2012). Building Mississippi's Health Insurance Exchange: Winter 2012 Update. https://mshealthpolicy.com/wp-content/uploads/2012/06/Health-Insurance-Exchange-Report-Jan-2012-FINAL.pdf
14. Mississippi Insurance Department. (2011). Mississippi's application for Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchange. https://www.mid.ms.gov/healthcare/pdf/MS_Exchange_Establishment_Grant_Application.pdf
15. Mississippi Insurance Department. (2012). Exchange Declaration Letter for the State of Mississippi. http://wayback.archive-it.org/2744/20130514182703/http://cciio.cms.gov/Archive/Technical-Implementation-Letters/ms-exchange-letter.pdf
16. Pettus EW. "Mississippi Health Insurance Exchange Proposal in Limbo." Associated Press. January 3, 2012. https://www.djournal.com/news/mississippi-health-insurance-exchange-proposal-in-limbo/article_6e17a6c0-b3b3-516e-b4a8-04f6f18e448d.html.
17. Mississippi Insurance Department. (2013, February 8). Official Statement from Mississippi Insurance Commissioner Mike Chaney. Press Release. https://www.mid.ms.gov/newsroom/pressreleases/2013/pressrel020813.pdf
18. Department of Health and Human Services, Centers for Medicare and Medicaid Services. (2013, February 8). Mississippi State-based Exchange Blueprint Application. Center for Consumer Information and Insurance Oversight. https://www.cms.gov/cciio/resources/files/downloads/ms-exchange-letter-02-08-2013.pdf

19. Pettus EW. "Mississippi Health Insurance Exchange Proposal in Limbo." Associated Press. January 3, 2012. https://www.djournal.com/news/mississippi-health-insurance-exchange-proposal-in-limbo/article_6e17a6c0-b3b3-516e-b4a8-04f6f18e448d.html.

20. Mississippi Maternal Mortality Review Committee. (2023). Mississippi Maternal Mortality Report, 2016-2020. Mississippi State Department of Health. https://msdh.ms.gov/page/resources/20200.pdf

21. Center for Mississippi Health Policy. (2023). Presumptive Medicaid Eligibility for Pregnant Women: 2023 Update. https://mshealthpolicy.com/wp-content/uploads/2023/12/PEPW-2023-Update.pdf

22. Paffenroth, S. (2024, May 23). New law allows low-income pregnant women to receive prenatal care earlier. Mississippi Today. https://mississippitoday.org/2024/05/23/mississippi-pregnant-women-presumptive-eligibility/

23. American Heart Association. Cardiac Emergency Response Plan (CERP). CPR & First Aid Emergency Cardiovascular Care. https://cpr.heart.org/en/training-programs/cardiac-emergency-response-plan-cerp

24. National CASA/GAL Association for Children. Our History. (2024). https://nationalcasagal.org/about-us/history/

25. National CASA/GAL Association for Children. The CASA/GAL Model. (2024). https://nationalcasagal.org/our-work/the-casa-gal-model/

26. CASA Mississippi, Inc. (2024). Who We Are. Casams.org. https://www.casams.org/about

27. IDEA Infant & Toddler Coordinators Association. AT-A GLANCE: An Introduction to Part C of the Individuals with Disabilities Education Act (IDEA). https://www.ideainfanttoddler.org/pdf/at_a_glance_an_introduction_to_part_c_1.pdf

28. National Conference Of State Legislatures. (2022, April 26). Family First Prevention Services Act. www.ncsl.org. https://www.ncsl.org/human-services/family-first-prevention-services-act

29. Taft, I. (2024, January 4). Hundreds of Mississippians are jailed for mental illness every year. 5 takeaways from our reporting so far. Mississippi Today. https://mississippitoday.org/2024/01/04/mississippi-jail-mental-illness-commitment/

30. H.B. 1222, 2023 Leg., 2023 Reg. Sess. (Miss. 2023). https://billstatus.ls.state.ms.us/2023/pdf/history/HB/HB1222.xml

31. Rogers, Hannah-Alise. (2022, October 14). Overview of the 340B Drug Discount Program. (CRS Report No. IF12232, Version 4, New). https://crsreports.congress.gov/product/pdf/IF/IF12232.

32. Pharmaceutical Research and Manufacturers of America v. Fitch, 1:24-cv-00160, (S.D. Miss. Jul 01, 2024) ECF No. 21. https://storage.courtlistener.com/recap/gov.uscourts.mssd.125063/gov.uscourts.mssd.125063.21.0.pdf

33. Pharmaceutical Research and Manufacturers of America v. Fitch, 1:24-cv-00160, (S.D. Miss. May 30, 2024) ECF No. 1. https://storage.courtlistener.com/recap/gov.uscourts.mssd.125063/gov.uscourts.mssd.125063.1.0.pdf

34. Pierson, B. (2023, June 3). Lawsuits pile up over state laws on discounts for hospitals' contract pharmacies. Reuters. https://www.reuters.com/legal/government/lawsuits-pile-up-over-state-laws-discounts-hospitals-contract-pharmacies-2024-06-03/

35. Pender, G. (2021, March 11). Mother is "appalled" that lawmakers drag Harper Grace's bill into medical marijuana fight. Mississippi Today. https://mississippitoday.org/2021/03/11/mississippi-medical-marijuana-harper-grace-mother-appalled/

36. United States Drug Enforcement Administration . (2018). Drug scheduling. Www.dea.gov; United States Drug Enforcement Administration. https://www.dea.gov/drug-information/drug-scheduling

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