

2026 MISSISSIPPI LEGISLATIVE SESSION

A Review of Health-Related Bills: Passed and Vetoed

2026 MISSISSIPPI HEALTH-RELATED BILLS INTRODUCED

HOUSE BILLS



SENATE BILLS

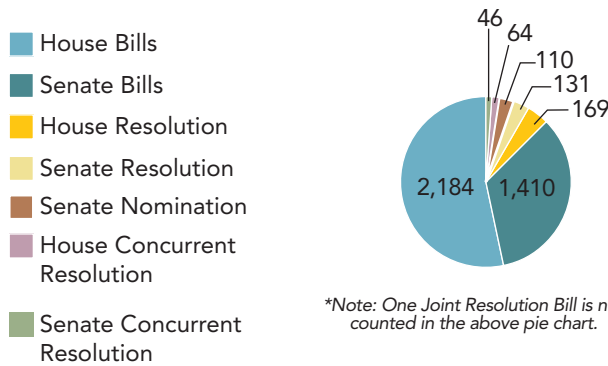
No Senate Health Bills Survived This Session.



*Note: Only bills marked with a status containing "Died" were subtracted from the live bill count.

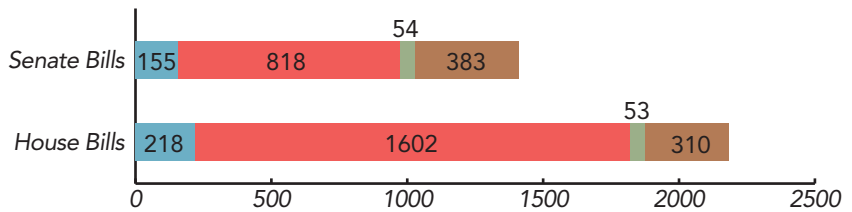
The 2026 Regular Session of the Mississippi Legislature convened at noon on Tuesday, January 6, 2026. The most discussed bill of this session was HB 2, the "Mississippi Educational Freedom Program Act of 2026" which died in the Senate committee, March 3, 2026. The Regular Session ended Sunday, April 5, 2026.

NUMBER OF TOTAL BILLS INTRODUCED IN THE 2026 MISSISSIPPI LEGISLATIVE SESSION



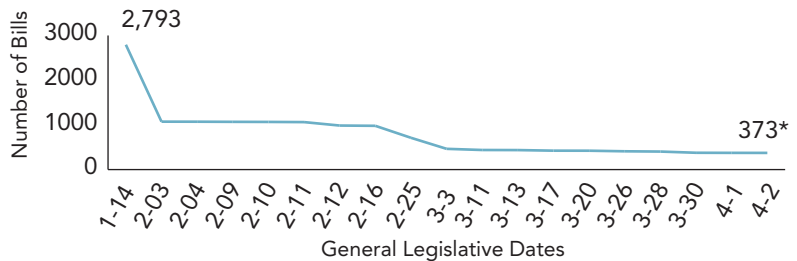
*Note: One Joint Resolution Bill is not counted in the above pie chart.

NUMBER OF GENERAL BILLS AND APPROPRIATION BILLS, LIVE AND DEAD, 2026 MISSISSIPPI LEGISLATIVE SESSION



■ General Live ■ General Dead ■ Appropriations Live ■ Appropriation Dead

NUMBER OF SURVIVING GENERAL BILLS TREND, 2026 MISSISSIPPI LEGISLATIVE SESSION



*Note: Appropriation bills were not counted in the above chart. Only bills marked with a status containing "Died" were subtracted from the live bill count.

APPROPRIATION BILLS

Used to provide State Agencies with budget authority and a specific sum of money.

RESOLUTION BILLS

Used to express opinions, handle internal procedures, or address matters impacting both chambers. They are not laws and do not require the Governor's signature.

CONCURRENT RESOLUTION BILLS

Used to regulate the joint affairs of the House and Senate.

NOMINATION BILLS

Used by the Senate to confirm appointments to various state boards, commissions, and agencies.

Source: Congressional Research Service. (2025). [congress.gov/crs_external_products/R/PDF/R46603/R46603.4.pdf](https://www.congress.gov/crs_external_products/R/PDF/R46603/R46603.4.pdf)

United States House of Representatives. (2026). www.house.gov/the-house-explained/open-government/statement-of-disbursements/glossary-of-terms

Source of all charts: Mississippi Legislature. (2026). https://billstatus.ls.state.ms.us/2026/pdf/all_measures/allmsrs.xml

■ HEALTH BILL HIGHLIGHTS

A Summary of the Bills that Passed the 2026 Mississippi Legislative Session.

HOUSE BILL 3 - CON; revise certain provisions of. Approved by Governor (2/04/26)

This bill modifies Mississippi's Certificate of Need (CON) laws. It will affect the approval processes for psychiatric residential treatment facilities, nursing facilities, and long-term care hospitals in specific counties. Specifically, this bill grants a DeSoto County psychiatric facility and a Harrison County long-term care hospital broader participation in Medicaid under certain conditions. The bill also exempts the University of Mississippi Medical Center from certain CON requirements for existing/previously approved teaching hospital facilities and equipment, while limiting future academic exemptions to a defined area of Jackson. In addition, the bill directs the Mississippi State Department of Health (MSDH) to study whether smaller hospitals should be exempt from CON requirements for dialysis units and geriatric psychiatric units and whether adult psychiatric units should be required to treat a percentage of uninsured patients or pay a fee instead. Finally, this law will raise the minimum capital expenditure and medical equipment cost thresholds that trigger CON review requirements.

HOUSE BILL 314 - Ibogaine; authorize SDH to select a consortium to conduct a drug development clinical trial with, to secure FDA's approval of. Approved by Governor (3/26/26)

The Ibogaine Drug Development Clinical Trial Act will authorize the establishment of a consortium to apply for the selection of the MSDH to conduct a drug development clinical trial with Ibogaine and secure the United States Food and Drug Administration's (FDA's) approval of the medication being used as a treatment for opioid disorder, co-occurring substance use disorder, and other mental health/neurological conditions. This will require an interagency contract between the consortium and the MSDH and an application to the FDA. Only an institution of higher learning or hospital will serve as a site for these clinical trials.

HOUSE BILL 565 - Health benefit plans and Medicaid; require to offer coverage for biomarker testing. Approved by Governor (3/16/26)

"Jill Gary Eure Act" Or "Jill's Law" will require each health benefit plan, contract or agreement, including the Medicaid Program and the State and School Employees Health Insurance Plan, to offer coverage for biomarker testing for the purposes of diagnosis, treatment, management, and monitoring of an enrollee's disease or condition when use of the test is supported by medical and scientific evidence.

CERTIFICATE OF NEED (CON)
Laws intended to control health care costs, restrict duplicative services, or determine whether new expenditures meet the needs of the community.

Source - National Conference of State Legislatures. (2026). [ncsl.org/health/certificate-of-need-state-laws](https://www.ncsl.org/health/certificate-of-need-state-laws)

CONSORTIUM

An agreement, combination, or group (as of companies) formed to undertake an enterprise beyond the resources of any one member.

Source - Merriam-Webster. (2026). [merriam-webster.com/dictionary/consortium](https://www.merriam-webster.com/dictionary/consortium)

BIO MARKER TESTING

A laboratory analysis of tissue, blood, or body fluids that detects specific genes, proteins, or molecules to identify unique characteristics of a disease, commonly cancer.

Source - National Cancer Institute. (2026). [cancer.gov/publications/dictionaries/cancer-terms/def/biomarker-testing](https://www.cancer.gov/publications/dictionaries/cancer-terms/def/biomarker-testing)

STEP THERAPY

A strategy where insurers require patients (and their physicians) who seek approval for restricted therapies must document unsuccessful attempts at treatment with less expensive therapies in earlier "steps."

Source - National Library of Medicine. (2023). <https://pubmed.ncbi.nlm.nih.gov/articles/PMC9067323/>

*VETO OVERRIDE

In Mississippi, the Legislature can overturn a governor's veto. This process allows for a bill to pass into law but it requires a two-third majority vote in both chambers.

Note: No Vetoes were overridden during this session by the Legislature.

Source - Justia, U.S. Law. (2010). law.justia.com/codes/mississippi/

HOUSE BILL 856 - Advanced, metastatic cancer; delete repealer on prohibition against health plans requiring step therapy before covering certain drugs to treat. Approved by Governor (3/16/26)

This act prohibits a health benefit plan from requiring step therapy or fail-first protocols before the plan provides coverage of certain prescription drugs to treat advanced, metastatic cancer and associated conditions.

HOUSE BILL 1224 - MS Keeping Kids Safe Online Act; Approved by Governor (4/08/26)

The Mississippi Keeping Kids Safe Online Act will require the Mississippi Department of Education (MDE) to prepare and publish on its website internet safety resources. It will also require MDE to create a curriculum for social media safety. This law will also regulate interactive computer service providers from offering certain services to minors and will regulate certain performances in commercial enterprises.

■ GOVERNOR VETOED HEALTH-RELATED BILLS

HOUSE BILL 895 - Medical cannabis; eliminate mandatory follow-up visit and extend validity periods of certification and ID cards to 24 months. Vetoed by Governor (3/26/26); Died in Committee (4/16/26)*

This act would have eliminated the mandatory six-month follow-up visit with the practitioner after the patient received certification.

Was vetoed under the argument that loosening restrictions would lead to the "erosion" of the "safeguards" contained in the act that prevent recreational use.

- see Veto Note <https://billstatus.ls.state.ms.us/documents/2026/pdf/veto/HB0895.pdf>

HOUSE BILL 1152 - Right to Try Medical Cannabis Act; create. Vetoed by Governor (3/26/26); Died in Committee (4/16/26)*

The Right to Try Medical Cannabis Act would have provided a procedure for persons who do not have a qualifying medical condition under the Mississippi Medical Cannabis Act but had a severely chronic, disabling, or terminal condition to be included into the program.

Was vetoed under the argument that out-of-state residents could participate and distort "the original intent" the program.

- see Veto Note <https://billstatus.ls.state.ms.us/documents/2026/pdf/veto/HB1152.pdf>

SENATE BILL 2477 - Rural Health Transformation Fund monies; require certain recipients of to be subject to competitive bidding process. Vetoed by Governor (4/02/26)

The Rural Transformation Fund would have provided structured grants, applications, and other programs for awardees or subgrantees with super rural zip codes as designated by the Centers for Medicare and Medicaid Services (CMS) and to those located in certain counties and areas outside of a metropolitan Statistical Area. It would have provided direct assistance to Mississippi providers and patients, rather than vendors.

Was vetoed under the argument that increased oversight could jeopardize the state's ability to obligate its funding on time.

- see Veto Note <https://billstatus.ls.state.ms.us/documents/2026/pdf/veto/SB2477.pdf>

RURAL HEALTH TRANSFORMATION (RHT)

Authorized by the One Big Beautiful Bill Act, this program will empower states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. The Program Funding is \$50 billion to be allocated to approved States over five fiscal years.

Source - Centers for Medicare & Medicaid Services. (2026). <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

RESOURCES

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