



# Health Law Section

## The Mississippi Bar

Summer 2018



**Jonell Beeler**

### Message from the Chair

The Health Law Section is happy to kick off the summer with a newsletter containing two timely and informative articles. Margaret Williams has written an article on “Lawyer Well-Being” and Stephen Clay has prepared the “Health Law Section of The Mississippi Bar Legislative Report.” We thank them both for their contributions to this newsletter.

We also are looking forward to the Health Law Section meeting planned for the Annual Mississippi Bar Convention in Destin. Our Section meeting will be held on July 12. We will have a brief business meeting and then a CLE Program in which Section member Rusty Comley will moderate an expert panel presentation on “Good Counsel for Preventing and Responding to Cyberattacks facing Healthcare Providers.” All of our members

will find this topic relevant and useful in advising their clients.

The business meeting agenda will include a review of the Section financials and a report on programs and projects completed during the 2017-2018 year. In addition the Section members will vote on the Section Officers for 2018-2019. Stan Ingram has been nominated to join the Executive Committee as a new member. Stan has been an active member of the Health Law Section and a frequent presenter on our CLE Programs. We look forward to his addition to the Executive Committee.

The slate of Committee members with their office positions for 2018-2019 is as follows:

Chair - Julie B. Mitchell  
Vice Chair - Steven B. Adams  
Secretary - Jeffery W. Cook

Past Chair - Jonell B. Beeler  
Members at Large:  
James C. Reeves  
Nicole C. Huffman  
Stan T. Ingram

As this Bar year comes to an end, I want to thank all of our members who have contributed to the Section CLE Programs, projects and newsletters. I also want to thank the members of the Executive Committee who have worked hard to insure the success of the Section programs. It has been an honor to serve as Chair of the Section.

- Jonell Beeler

---

## Health Law Section Annual Meeting - Thursday, July 12, 2018

### *Good Counsel for Preventing and Responding to Cyberattacks facing Healthcare Providers*

**H. Rusty Comley**, Watkins & Eager, LLC, Jackson, Mississippi, Moderator  
**Jeremy Batterman**, Azonic Security Solutions, Chicago, Illinois, Panelist  
**Mike Skinner**, HORNE Cyber, Memphis, Tennessee, Panelist

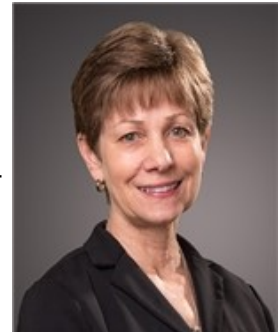
Healthcare providers are in one of the highest risk industries for cyberattacks. This panel will discuss the nature of cyber threats faced by healthcare providers, including prevention, legal issues related to data breaches, and cyber insurance coverage. The panel will provide information for attorneys to counsel healthcare provider clients on minimizing the risk of cyberattacks and data breaches, as well as responding to them, including regulatory issues.

---

# Lawyer Well-Being

By: Margaret H. Williams, Wise Carter Child & Caraway

David R. Brink, the past President of the American Bar Association (ABA) explained that the increase of substance abuse and mental disorders among lawyers, judges and law students led to the creation in 2016 of the National Task Force on Lawyer Well-being, under the aegis of CoLAP (the ABA Commission on Lawyer Assistance programs), along with the National Organization of Bar Counsel (NOBC), and the Association of Professional Responsibility Lawyers (APRL). The primary missions of this Task Force were to promote nationwide awareness and treatment, so as to lead to greater public confidence in the members of our legal profession.



**Margaret H. Williams**

The 2017 final report of the ABA Task Force, entitled “The Path to Lawyer Well-Being: Practical Recommendations for Positive Change,” states in its introduction that we should improve Lawyer well-being, because it will be: “Good for business; good for Clients and it is the right thing to do.”

A summary of the recommendations in the Final Report includes:

1. We should identify the stakeholders (employers, law schools, bar associations, regulators of lawyers, and professional liability insurance carriers and other Ally organizations) who can play roles to reduce stress and anxiety within the legal profession;
2. We should seek to eliminate stigma associated with a legal professional seeking help for addiction or other mental health issues.
3. We should recognize that a legal professional struggling with mental or addiction issues, or both, will not likely be competent on a consistent basis in his/her performance of legal services.
4. We should spend time honestly evaluating the mental well-being of our colleagues in our profession, and
5. We should take affirmative steps to reduce daily stress encountered in a typical legal practice environment.

This brief note is not intended to be a substitute for reading the entire 48-page report that can be accessed by clicking [The Path to Lawyer Well-Being: Practical Recommendations for Positive Change](#)

The report is followed by thirty pages of training guides, plans and checklists. Because I am personally an older lawyer (over age 60) who has never wanted to become the caricature of a crotchety, old woman lawyer and who hopes to transition to retirement over the next couple of years, I was particularly interested in the Appendix for the Guide for the Transition of older lawyers designed to help us older lawyers “re-orient” during transition planning so as to maintain “perceived control, mastery and optimism.”

Be Well,

Margaret Williams

---

## Health Law Section of The Mississippi Bar - Legislative Report By: Stephen L. Clay, The Clay Firm

The 2018 Regular Session of the Mississippi Legislature convened on January 2 at noon.

Lawmakers set the total budget for Fiscal Year (FY) 2019 at 6.096 billion, \$22 million above FY 2018. The legislature funded most state agencies at the same level as last year. A few exceptions include: Education - received a \$4.1 million increase; Department of Health - received a \$2.3 million increase; and Department of Public Safety - received a \$2.3 million increase. The Division of Medicaid received a \$1.7 million decrease.



**Stephen L. Clay**

There were two bond bills that the legislators were considering in conference. House Bill 1649 ended up passing. The bond bill included \$250 million for projects deemed to have statewide impact: Local System Bridge Repair and Rehabilitation Program - \$50 million; Universities - \$82.5 million; Community Colleges - \$25 million; local sewer and drinking water revolving loan programs - \$8 million; state agency improvements - \$45 million. Senate Bill 3047 that was to authorize bonds for various other projects around the state died in conference.

The three major policy issues considered by the legislature during the session were infrastructure, the education funding formula, and the Medicaid program.

Both the Senate and the House passed versions of an infrastructure package that would have dedicated funding towards maintenance and repair of roads and bridges. Ultimately SB 3046, the Building Roads, Improving Development and Growing the Economy (BRIDGE) Act, made it to conference. However, the legislature failed to adopt a conference report and the measure died.

Two years ago, the legislature hired a consulting company to study the state's current funding formula for public education and to make recommendations on improving the formula. This year, the House passed HB 957 to establish the Mississippi Uniform Per Student Funding Formula Act. The Senate Education Committee passed the bill; however, in an unexpected turn of events, the bill died when a procedural motion to recommit the bill to committee passed, effectively killing the bill.

The legislators negotiated and worked all session long on SB 2836, the "Medicaid Technical Amendments" bill. In the last days of the session, the legislature adopted a conference report that extends the current statute. In addition, the bill directs the Medical Care Advisory Committee to develop recommendations relating to the authority of the division to formulate a five percent reduction in reimbursements. It creates a Commission on Expanding Medicaid Managed Care to study the impact of expanding managed care contracts to cover additional categories of Medicaid-eligible beneficiaries. The bill also authorizes Medicaid to reimburse eligible providers for treatment of opioid dependency and other highly addictive drugs and grants the director of the Division flexibility in determining limits on number of physician visits and prescriptions drugs (removes the 5 prescription limitation), emergency medical transportation services, pharmacy services and dental services. It also allows beneficiaries between the ages of ten and eighteen to receive vaccines through a pharmacy venue.

The Legislature adjourned "Sine Die" on March 28.

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

### Summaries of key healthcare legislation are below:

**SB 2836 – “Medicaid Technical Amendments”** – approved by the Governor April 12 and effective July 1, 2018. This bill extends the automatic repealer on the section authorizing reimbursement for types of health care services (43-13-117) from July 1, 2018, until July 1, 2021, and authorizing the health care provider assessment (43-13-145) from July 1, 2018, until July 1, 2024. The bill makes the following programmatic amendments to the reimbursement section:

- The division may give rural hospitals that have 50 or fewer licensed beds the option to not be reimbursed for outpatient hospital services using the APC methodology, but reimbursement for outpatient hospital services provided by those hospitals shall be based on 101% of the rate established under Medicare for outpatient hospital services. Those hospitals choosing to not be reimbursed under the APC methodology shall remain under cost based reimbursement for a two year period.
  - Reduces the annual number of home leave days for patients in nursing facilities and intermediate care facilities to 42 days.
  - Deletes physician 12 visit limitation.
  - The division shall reimburse physicians with a designation of family medicine, general internal medicine, pediatric medicine, obstetrics and gynecology, and any subspecialty recognized by the Division of Medicaid as providing primary care services under applicable codes at a rate not less than 100% of the rate established under Medicare.
  - Deletes the annual limits on home health services visits.
  - Deletes the restriction on the reimbursement rate for emergency medical transportation services.
  - Eliminates the five prescriptions per month limit on reimbursement for drugs.
  - Gives the division more flexibility with regard to the pharmacy program.
  - The division may allow certain drugs, implantable drug system devices, and medical supplies, with limited distribution or limited access for beneficiaries and administered in an appropriate clinical setting, to be reimbursed as either a medical claim or pharmacy claim, as determined by the division.
  - Directs the division to allow physician-administered drugs to be billed and reimbursed as either a medical claim or pharmacy point of sale to allow greater access to care.
  - It is the intent of the Legislature that the division and any managed care entity described in subsection (H) of this section encourage the use of Alpha Hydroxyprogesterone Caproate (17P) to prevent recurrent preterm birth.
-

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

- Provides that the coverage of dental and orthodontic services will be determined by the division.
  - Reduces home leave reimbursable days for ID recipients to 63 days.
  - Provides that certain services provided by a psychiatrist may be reimbursed at up to 100% of the Medicare rate.
  - Authorizes same physician reimbursement in clinic setting.
  - Authorizes alternative fee for service Upper Payment Limits model for certain hospitals.
  - Federally qualified health centers shall be reimbursed by the Medicaid prospective payment system as approved by the Centers for Medicare and Medicaid Services.
  - Deletes health management program for obstetrical care.
  - Deletes adult foster care pilot program.
  - Authorizes instead of require that targeted case management services for high cost beneficiaries be developed for all services covered by this section.
  - Treatment services for persons diagnosed with an opioid dependency or other highly addictive substance use disorder will be covered under Medicaid.
  - The division shall allow beneficiaries between the ages of 10 and 18 years to receive vaccines through a pharmacy venue.
  - The PEER Committee shall conduct a performance evaluation of the nonemergency transportation program to evaluate the administration of the program and the providers of transportation services to determine the most cost effective ways of providing nonemergency transportation services to the patients served under the program. The performance evaluation shall be completed and provided to the members of the Senate Medicaid Committee and the House Medicaid Committee not later than January 1, 2019, and every two years thereafter.
  - Under present law, the division is authorized to reduce the rate of reimbursement to providers for any service provided under this section by 5% of the allowed amount for that service with numerous exceptions. The Medical Care Advisory Committee shall develop a study and advise the division with respect to determining the effect of any across the board 5% reduction in the rate of reimbursement to providers, and compare provider reimbursement rates to those applicable in other states in order to establish a fair and equitable provider reimbursement structure that encourages participation in the Medicaid program, and make a report thereon with any legislative recommendations to the Chairmen of the Senate and House Medicaid Committees prior to January 1, 2019.
-

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

- If current or projected expenditures of the division are reasonably anticipated to exceed the amount of funds appropriated to the division for any fiscal year, the Governor, after consultation with the executive director, shall take all appropriate measures to reduce unnecessary costs, which may include, but are not limited to:
  - Reducing or discontinuing any or all services that are deemed to be optional under Title XIX of the Social Security Act;
  - Reducing reimbursement rates for any or all service types as provided in subsection (B);
  - Increasing provider assessments pursuant to Section 43 13 145(4)(a)(ii) and (iii);
  - Reducing contracts; or
  - Any additional cost containment measures deemed appropriate by the Governor.
- Keeps the requirement that managed care companies, which oversee the care for roughly 70% of beneficiaries, reimburse at the same rate as the Legislature set Medicaid rates.
- Managed care alternative payment authority.
- Establishes a Commission on Expanding Medicaid managed care to develop recommendations to the Governor and the Legislature relative to authorizing the division to expand Medicaid managed care contracts to include additional categories of Medicaid eligible beneficiaries, and to study the feasibility of developing an alternative managed care payment model for medically complex children.

The members of the commission shall be as follows:

- a) The Chairmen of the Senate Medicaid Committee and the Senate Appropriations Committee and a member of the Senate appointed by the Lieutenant Governor;
  - b) The Chairmen of the House Medicaid Committee and the House Appropriations Committee and a member of the House of Representatives appointed by the Speaker of the House;
  - c) The Executive Director of the Division of Medicaid, Office of the Governor;
  - d) The Commissioner of the Mississippi Department of Insurance;
  - e) A representative of a hospital that operates in Mississippi, appointed by the Speaker of the House;
  - f) A licensed physician appointed by the Lieutenant Governor;
-

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

- g) A licensed pharmacist appointed by the Governor;
- h) A licensed mental health professional or alcohol and drug counselor appointed by the Governor;
- i) Representatives of each of the current managed care organizations operated in the state appointed by the Governor; and
- j) A representative of the long term care industry appointed by the Governor.

The commission shall meet upon the call of the Governor, and shall evaluate the effectiveness and future of the Medicaid managed care program. Specifically the commission shall make recommendations for future managed care program modifications. The commission shall develop and report its findings and any recommendations for proposed legislation to the Governor and the Legislature on or before December 1, 2018.

- No health maintenance organization, coordinated care organization, provider sponsored health plan, or other organization paid for services on a capitated basis by the division under any managed care program or coordinated care program implemented by the division under this section shall require its providers to be credentialed by the organization in order to receive reimbursement from the organization, but those organizations shall recognize the credentialing of the providers by the division.

### **SB 2091 – approved by the Governor on March 7 and effective July 1, 2018.**

This bill authorizes an emergency medical technician or other emergency personnel to transport a police dog injured in the line of duty to a veterinary clinic or hospital emergency department. An EMT, EMT A, EMR or Paramedic may transport a police dog injured in the line of duty to a veterinary clinic, hospital emergency department or similar facility if there are no persons requiring medical attention or transport at that time. For the purposes of this act, “police dog” means a dog owned or used by a law enforcement department or agency in the course of the department or agency's work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or state law enforcement agency.

### **SB 2463 – approved by Governor on March 9, 2018 and effective on passage.**

This bill provides that the University of Mississippi Medical Center as the lead agency, together with the State Department of Health, the Division of Medicaid and the Mississippi Health Information Network, shall cooperate with each other in preparing a comprehensive report on the state of rare diseases in Mississippi, including the incidence of rare diseases in the state, the status of the rare disease community, and treatment and services provided to persons with rare diseases in the state. The State De-

---

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

partment of Health, the Division of Medicaid and the MS HIN shall provide to UMMC and each other all claims data and patient encounter data relating to the diagnosis and treatment of rare diseases and all related research and documentation relating to rare diseases, which shall be compiled, examined and analyzed in the report. The report shall be presented to the Chairs of the House Public Health and Human Services Committee, Senate Public Health and Welfare Committee, and the House and Senate Medicaid Committees not later than December 1, 2019.

### **SB 2480 – approved by Governor on March 7 and effective July 1, 2018.**

This bill extends the automatic repealer on the practice of psychology licensure law to 2022. The bill makes the following technical amendments to the licensure law:

- Clarifies qualifications and appointments of members of the Mississippi Board of Psychology;
- Clarifies the required quorum of board members necessary to conduct business;
- Clarifies the time period for license renewal and continuing education requirements;
- Prescribes certain qualifications for licensure as a psychologist;
- Provides for licensure by reciprocity;
- Prescribes certain grounds for license disciplinary action;
- Any board member whose term has expired may continue to holdover and serve with all rights and responsibilities until the new appointment occurs;
- Has performed psychological services outside of the area of his or her training, experience or competence.

### **SB 2675 – approved by Governor on April 13, 2018 and effective on passage.**

This bill provides that the Mississippi Department of Child Protection Services shall be a subagency within the Mississippi Department of Human Services and to provide that the Commissioner of the Department of Child Protection Services shall maintain operational control over the functions of the Department of Child Protection Services. The purpose of this amendment is to clarify the administrative structure for federal funding purposes. The PEER Committee shall review the programs or program of the Mississippi Department of Child Protection Services, beginning with fiscal year 2017 and each year thereafter. PEER shall submit this review to the Chair of the Senate Public Health and Welfare Committee, the Chair of the Senate Appropriations Committee, the Chair of the House Public Health and Human Services Committee, the Chair of the House Appropriations Committee, the Lieutenant Gover-

---



## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

nor, the Speaker of the House of Representatives, and the Governor by December 1 of each year. The review shall consist of the following:

- a) A review of the effectiveness of any program of the department for which appropriated outcome measures have been established;
- b) Caseloads for social workers for each county or another appropriate geographic area;
- c) Turnover rates of social worker staff by county or other geographic area;
- d) Sources and uses of department funding; and
- e) Any other matters that the PEER Committee considers to be pertinent to the performance of agency programs.

### **HB 559 – approved by Governor March 15, 2018 and effective on passage.**

This bill authorizes the Department of Finance and Administration to enter into an agreement to lease no more than seven acres of state owned real property in the City of Jackson, Hinds County, Mississippi, to a nonprofit entity for the purpose of creating a pediatric skilled nursing, palliative care and respite facility for the severely disabled, and for the use of associated administrative office space for an initial term of no more than 40 years and one additional ten year renewal period at the discretion of the Department of Finance and Administration. The property to be leased is currently undeveloped property to the south of Eastover Drive, west of Ridgewood Road, north of Lakeland Drive and east of I 55, located in the City of Jackson, Hinds County, Mississippi. The property shall revert back to the state at the conclusion of the lease or expiration of any lease renewals.

The leased property shall consist of a patient care facility which, at a minimum, will contain: approximately 30,000 square feet of patient care and related support space; 30 patient care beds; surface parking; and landscaping and green space buffers. DFA shall review and approve all plans prior to site development or construction to ensure that proposed development: is harmonious with current use of adjacent property by state agencies and institutions; is appropriately interfaced with state owned streets and infrastructure, poses no conflict to future development of other adjacent state owned property; and maintains adequate landscape buffer with adjacent private property. DFA shall prepare the lease which must be approved by the Public Procurement Review Board, with any proceeds derived from the lease to be deposited into the state land acquisition fund.

Lastly, the bill permits the Governor to designate the Executive Director of DFA, or his or her designee, to attend the meetings of the board of the nonprofit organization which will own and operate the facility, as an ex officio member with no jurisdiction or vote on any matter within the jurisdiction of the board.

---

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

### **HB 708 – approved by Governor March 19 and effective July 1, 2018.**

This bill amends the licensure law for licensed professional counselors as follows:

- Authorizes provisional licensed professional counselors to practice in the state under the supervision of a board qualified supervisor. To be licensed as a provisional licensed professional counselor, an applicant must meet the following requirements:
    - Be at least 21 years of age.
    - Be a citizen of the United States, or have an immigration document to verify legal alien work status in the United States.
    - Pay a nonrefundable licensing fee of \$50.00.
    - Have a minimum acceptable graduate semester hour or acceptable quarter hour master's degree as determined by the State Board of Examiners for Licensed Professional Counselors, primarily in counseling or a related counseling field from a regionally or nationally accredited college or university program in counselor education or a related counseling program subject to board approval.
    - Pass the examination approved by the board.
    - Undergo a fingerprint based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database.
  - Provides that a provisional licensed professional counselor license requires the licensee to confine his or her practice to a board approved site and accrue counseling experience under the supervision of a board qualified supervisor.
  - Provides that a provisional licensed professional counselor license will be renewable for not more than four years, with a nonrefundable license fee of \$50.00 per year, and authorizes licensees to appeal to the board for an extension of the renewal period.
  - Requires provisional licensed professional counselors to complete the same number of hours of continuing education for license renewal as required for licensed professional counselors.
  - Revises licensure requirements for licensed professional counselors to provide that the applicant for licensure must:
    - Submit a nonrefundable full application licensing fee of \$50.00.
    - Be a citizen of the United States, or have an immigration document to verify legal alien work status in the United States.
-

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

- Have a minimum acceptable graduate semester hour or acceptable quarter hour master's degree as determined by the State Board of Examiners for Licensed Professional Counselors primarily in counseling or a related counseling field from a regionally or nationally accredited college or university program in counselor education or a related counseling program subject to board approval.
- Have had postgraduate supervised experience in professional counseling acceptable to the board.
- Undergo a fingerprint based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database.
- Authorizes the board to assess and levy upon a licensee, practitioner or applicant for licensure the costs incurred or expended by the board in the investigation and prosecution of any licensure or disciplinary action.
- Removes the exemption from the application of the licensure law for:
  - Counselors in postsecondary institutions when they are practicing within the scope of their employment.
  - Professionals employed by regionally or nationally accredited postsecondary institutions as counselor educators when they are practicing counseling within the scope of their employment.
  - Social workers holding a master's degree in social work from a school accredited by the Council on Social Work Education and who do counseling in the normal course of the practice of their own profession.

### **HB 709 – approved by Governor March 8 and effective July 1, 2018.**

This bill creates the Prescription Drugs Consumer Affordable Alternative Payment Options Act, which provides the following:

- Authorizes pharmacists to provide additional information to patients to allow them an opportunity to consider affordable alternative payment options when acquiring their prescription medication.
  - Provides that any provision of any contract or agreement contrary to the provisions of this act will be void.
  - Provides that compliance with this act does not constitute a violation of any contract or provision of any agreement to which the pharmacist or pharmacy is a party.
-

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

- Prohibits the State Board of Pharmacy, pharmacy benefit managers and any third parties from penalizing a pharmacist for acting or failing to act under this act, and provides that pharmacists and their agents and employees are not liable for any act or failure to act under this act.

### **HB 911 – approved by Governor March 26 and effective July 1, 2018.**

This bill authorizes the Department of Human Services to conduct background investigations on (a) persons who are in a position with access to Federal Tax Information, (b) persons who are otherwise required by federal law or regulations to undergo a background investigation, and (c) contractors and sub-contractors as well as employees and volunteers.

The background investigations are conducted for determination of good moral character and to ensure that no person placed in any position for which the department may conduct background checks has a felony conviction that would prevent employment or access to Federal Tax Information according to department policy.

### **HB 944 – approved by Governor March 8 and effective July 1, 2018.**

This bill includes veterans diagnosed with post traumatic stress disorder in the qualifying list of disabilities and impairments for which an individual may be provided the use of a support animal.

The bill defines “support animal,” “post traumatic stress disorder” and “traumatic event” as follows:

- “Support animal” is defined as an animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability, and the work done or task performed must be directly related to the individual's disability.
  - “Post traumatic stress disorder” or “PTSD” is defined as an anxiety disorder that occurs following the experience of a frightening, distressing or traumatic event or from witnessing a traumatic event.
  - “Traumatic event” is defined as a life threatening event such as military combat, natural disaster, terrorist incident, serious accident or violent personal assault of a physical or sexual nature that occurred while an individual was on active duty or deployment as a member of the United States Armed Services.
-

## Health Law Section of The Mississippi Bar – Legislative Report, *continued*

### **HB 1510 – Gestational Age Act - approved by Governor on March 19, 2018 and effective on passage.**

Abortion limited to fifteen (15) weeks' gestation except in medical emergency and in cases of severe fetal abnormality. In addition, in every case in which a physician performs or induces an abortion on an unborn human being whose gestational age is greater than fifteen (15) weeks, the physician shall within fifteen (15) days of the abortion cause to be filed with the Department of Health, on a form supplied by the department, a report containing the following information:

- i) Date the abortion was performed;
- ii) Specific method of abortion used;
- iii) The probable gestational age of the unborn human being and the method used to calculate gestational age;
- iv) A statement declaring that the abortion was necessary to preserve the life or physical health of the maternal patient;
- v) Specific medical indications supporting the abortion; and
- vi) Probable health consequences of the abortion and specific abortion method used.

The physician shall sign the form as his or her attestation under oath that the information stated thereon is true and correct to the best of his or her knowledge.

The bill also requires a physician to first make a determination of the probable gestational age of the unborn human being and document the gestational age in the maternal patient's chart and, if required, in a report to be filed with the Mississippi State Department of Health.

### **SB 2296 – Medication Synchronization – approved by Governor March 5, 2018 and effective January 1, 2019.**

SB 2296 provides that all individual and group health insurance contracts providing prescription drug coverage in the state shall apply a prorated daily cost sharing rate for a partial supply to allow beneficiaries to synchronize their medications on the same day each month, if the prescriber or pharmacist determines the fill or refill to be in the best interest of the patient and the patient requests or agrees to a partial supply for the purpose of synchronizing the patient's medications. The bill also provides that this medication synchronization authority shall be fully applicable to any managed health care delivery entities, including the State and School Employees' Life and Health Insurance Plan and the Mississippi Medicaid Program.

---

## Health Law Section

The Mississippi Bar  
Health Law Section  
P.O. Box 2168  
Jackson, MS 39225-2168

Rene' Garner  
Section and Division Coordinator  
Phone: 601-355-9226  
Fax: 601-355-8635  
Email: rgarner@msbar.org

We are on the  
web!

Click [here](#)

## Upcoming Events

Thursday, July 12, 2018

**Health Law Section Annual Meeting**  
**Sandestin Hilton - Destin, Florida**

**"Good Counsel for Preventing and Responding to  
Cyberattacks facing Healthcare Providers"**

## Write for the Health Law Section Newsletter

The Health Law Section newsletter is now accepting articles on health law topics for publication in the newsletter. If you have an idea for an article, you may submit it to Health Law Section Newsletter Editor Conner Reeves at

[CReeves@msmaonline.com](mailto:CReeves@msmaonline.com)

Please include a short description of the article. The Health Law Section Committee will consider your proposal and will notify you of whether your proposal has been accepted. The committee reserves the right to reject proposals. Please note that when you submit your article for publication in the newsletter, you will be granting The Mississippi Bar the nonexclusive right to publish your article.



**Conner Reeves**

## Health Law Section 2017-2018 Executive Committee

### Chair

Jonell Beeler  
Baker Donelson  
P O Box 14167  
Jackson, MS 39236-4167  
Phone: (601) 351-2427  
Fax: (601) 592-2427  
Email: [jbeeler@bakerdonelson.com](mailto:jbeeler@bakerdonelson.com)

### Vice Chair

Julie Mitchell  
Mitchell Day Law Firm, PLLC  
618 Crescent Blvd Ste 203  
Ridgeland, MS 39157-8664  
Phone: (601) 707-4036  
Fax: (601) 213-4116  
Email: [jbmitchell@mitchellday.com](mailto:jbmitchell@mitchellday.com)

### Secretary

Blake Adams  
Phelps Dunbar LLP  
PO Box 1220  
Tupelo, MS 38802-1220  
Phone: (662) 690-8120  
Fax: (662) 842-3873  
Email: [blake.adams@phelps.com](mailto:blake.adams@phelps.com)

### Past Chair

Jenny Tyler Baker  
Copeland Cook Taylor & Bush  
PO Box 10  
Gulfport, MS 39502-0010  
Phone: (228) 863-6101  
Fax: (228) 868-9077  
Email: [jtbaker@cctb.com](mailto:jtbaker@cctb.com)

### Member at Large (8/2015-7/2018)

Jeff Cook  
Forrest General Hospital  
78 Bellegrass Blvd  
Hattiesburg, MS 39402-1904  
Phone: (601) 288-4453  
Fax:  
Email: [jwcook@forrestgeneral.com](mailto:jwcook@forrestgeneral.com)

### Member at Large (8/2016-7/2019)

Conner Reeves  
MS State Medical Assoc  
1810 Brecon Dr  
Jackson, MS 39211-5714  
Phone: (601) 853-6733  
Fax: (601) 853-6746  
Email: [creeves@msmaonline.com](mailto:creeves@msmaonline.com)

### Member at Large (8/2017-7/2020)

Nikki Huffman  
Carr Allison  
14231 Seaway Rd Ste 2001  
Gulfport, MS 39503-4635  
Phone: (228) 864-1060  
Fax:  
Email: [nhuffman@carrallison.com](mailto:nhuffman@carrallison.com)



Mitchell, Adams, Beeler and Reeves