Mississippi
State and Local Health Equity Policy Checklist

AUGUST 2021

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.	☒	Legislation (**HR 11**) to require Racial Equity Impact Statements for criminal justice legislation was proposed in 2021, but did not pass.[1] Similar legislation (**HC 51**) was considered in 2019.[2]
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.	☒	Although Mississippi does not require equity-focused (or other) health impact assessments (HIA) to be attached to legislation, a **2019 HIA** conducted by the State Department of Health discusses the root causes of inequities, historical trauma and cultural well-being.[3]

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	☒	
Develop a 'Health in All Policies' strategy at the state or local level.	⬡	The **Mississippi State Department of Health** (MSDH) embraces a Health in All Policies framework to address social determinants of health.[4] As part of this work, the department **created a form** to help governmental offices ensure that fee-for-service contracts, sub-grants, plans, policies, memorandums of understanding (MOUs) and requests for proposals (RFPs) conform to a Health in All Polices framework whenever possible.[5]
Establish Health Equity Zones to better address social determinants of health.	☒	

Summary and scoring methodology reports are available at
www.HealthValueHub.org/Health-Equity-Checklists.

If you know of a policy we overlooked, please contact **hubinfo@altarum.org**.

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State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.	☒	Legislation (**HB 132**) to require the State Health Officer to develop a program to reduce health disparities in the state was introduced in 2020, but did not pass.[6] The Mississippi State Department of Health **references** a Health Equity Strategic Plan, however, a publicly available version is not available.[7]
Fund community-driven health equity action plans.	☒	
Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.	☒	Although a formal participatory budgeting process has not been established statewide, **elements** of participatory budgeting have been implemented in Jackson, Miss. In 2018, residents made recommendations for the city's budget that were then used for consideration in the Mayor's budget.[8]
Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans	✓	Mississippi's **State Health Assessment and Improvement Plan** highlights health disparities experienced by Mississippians and objectives to reduce disparities.[9]
Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.	✓	The Mississippi State Department of Health (MSDH) issued a **Request for Proposal** in July 2021 to support community-based organizations and others in their efforts to reduce maternal and infant mortality beginning in October 2021. Proposals must focus on at least one of the MSDH's defined "core areas," including but not limited to: • Increasing access to local, culturally, ethnically and linguistically aligned doula services, and • Hosting anti-racism and implicit bias training in healthcare or public health settings with emphasis on birth equity, addressing maternal health equity or a life course perspective on how racism impacts maternal outcomes.[10] Additionally, the **Mississippi State Department of Health's Health Equity Team** has partnered with local organizations on the Gulf Coast to provide culturally appropriate Hepatitis B education, screening and treatment referral for Vietnamese-Americans in the region who have a higher prevalence of Hepatitis B.[11]

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.	✓	Mississippi's 2018 **Diabetes Action Plan** outlines goals and strategies related to diabetes care and prevention.[12] The state also created a 2018 **Obesity Action Plan**, including goals and strategies to reduce obesity in Mississippi, such as improving food access and addressing environmental factors.[13] Mississippi's 2013-2016 **Maternal Mortality Report** makes recommendations to prevent maternal deaths, especially in regard to racial disparities in maternal mortalities.[14] The 2011-2015 **State Asthma Plan** outlines objectives and strategies to reduce the burden of asthma.[15]
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.	✗	

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.	✗	
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.	✓	In 2015, the Mississippi State Department of Health (MSDH) released its first State of the State: Annual Mississippi **Health Disparities and Inequalities Report** to provide MSDH program areas, hospitals and community-based organizations with a better profile of the health issues of the state's citizens.[16] It appears that MSDH has since produced only **one additional report** on health disparities and inequities in the state in 2018.[17]
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.	✗	

Data & Reporting *(continued)*

POLICY	SCORE	NOTES
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.	☒	
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.	⊡	Mississippi does not have an APCD as of August 2021.[18]

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.	☒	
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.	☒	
Provide one-year continuous eligibility for Medicaid and CHIP.	✓	Mississippi provides one-year continuous eligibility for Medicaid and CHIP.[19]
Provide coverage options to undocumented and recent immigrants.	☒	Mississippi does not offer Medicaid or CHIP coverage to recent documented immigrants and does not provide coverage options for undocumented immigrants.[20]

Health Reform – Delivery

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.	✓	Mississippi requires Medicaid Managed Care Organizations (MCOs)* to develop and implement strategies to address disparities in health outcomes and access to care based on factors such as geographic location, race, ethnicity, income level, age, gender, language barriers and physical disabilities. Although MCOs provide coverage across the state, strategies to reduce disparities must reflect significant regional variation in the factors listed above. MCOs must also develop a Care Management system to ensure and promote coordination with appropriate resources to reduce socioeconomic disparities, including housing, employment and nutrition programs.[21] * In Mississippi, Managed Care Organizations serving Medicaid members are called Coordinated Care Organizations (CCOs). However, this is distinct from the ACO-type CCO model (currently unique to Oregon) listed in the next section.

Health Reform – Delivery (continued)

POLICY	SCORE	NOTES
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.	✖	
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.	✔	Mississippi's **1115 and 1915 waivers** help provide select services to address social determinants of health, such as home delivered meals, home and community supports and supported employment.[22]
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.	✖	
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.	✖	Performance measures influencing **value-based payments** in Mississippi's Medicaid program do not relate to health equity or disparities, as of August 2021.[23]
Create or expand Accountable Communities for Health with a focus on increasing health equity.	✖	
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.	✔	In response to the COVID-19 pandemic, Mississippi's Public Service Commission **provided grants** to electric cooperatives and other broadband providers to expand high-speed internet access throughout the state. Funded projects must be designed to immediately provide increased broadband services to un- or under-served areas. The funding opportunity is available through December 31, 2021.[24,25] Additionally, legislation (**HB 94**) passed in 2020 established the Mississippi Center for Rural Health Innovation, which will provide telehealth expert consultation and development grants, among other things.[26]
Subsidize internet access to expand opportunities for telehealth.	✖	

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Expand coverage for telehealth services.	✓	Mississippi requires all health insurance plans to provide coverage for telemedicine services **to the same extent** as in-person consultations.[27]
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.	✓	Parity laws in Mississippi stipulate that telemedicine reimbursement rates **must equal those** for in-person visits.[28]
Establish cost-sharing parity for telehealth services.	✓	Mississippi allows health insurance or employee benefit plans to charge a deductible, copayment or coinsurance for healthcare services provided through telemedicine so long as cost-sharing **does not exceed** that applicable to an in-person consultation.[29]
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.	✗	
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.	✗	Although Mississippi does not require healthcare providers to complete **cultural competency** or implicit bias training, the Mississippi State Department of Health **offers** continuing education courses on cultural competency and other health equity topics.[30,31]

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.	✓	Mississippi reports COVID-19 **case, mortality** and **vaccination** data by race and ethnicity, but does not stratify data on **testing, hospitalizations and recovery**.[32,33,34]
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.	✗	As of Sept. 2020, Mississippi had not **implemented changes** to improve access to coverage, for example, by accepting self-attestation of Medicaid eligibility, expanding presumptive eligibility, using less restrictive methodologies to determine eligibility or simplifying applications.[35]

COVID-Specific Reforms *(continued)*		
POLICY	**SCORE**	**NOTES**
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.	☒	
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.	☒	Major health insurers in the state, including Blue Cross Blue Shield of Mississippi and Magnolia Health, have waived cost-sharing for medically necessary COVID-19 testing, however this does not appear to be required.[36] Mississippi does not require insurers to waive cost-sharing for COVID-19 treatment.[37]
Provide COVID-19 testing to residents free of charge.	⊖	Mississippi residents can obtain COVID-19 tests through their county health department free of charge, but must be screened beforehand to determine likelihood of infection or exposure. College students, faculty and staff and childcare workers do not need to be screened to obtain a test.[38] Residents' limited ability to obtain a free COVID-19 test earns the state a check-minus, rather than a full check.

Notes

1. H.R. 11, House Rules; Amend to Require a racial Impact Statement for all Legislation to be Attached to Each Bill, House of Representatives, 2021 Regular Session. (Mississippi 2021). Accessed at **https://legiscan.com/MS/text/HR11/id/2251713**

2. H.C. 51, House Concurrent Resolution 51, House of Representatives, 2019 Regular Session. (Mississippi 2019). Accessed at **https://legiscan.com/MS/text/HC51/id/1882522**

3. Mississippi State Department of Health, *From Heritage to Health: A health impact assessment approach to the Adams County Civil Rights Project*, Jackson, Miss. (2019).

4. Mississippi State Department of Health, *General Agency Manual*, Jackson, Miss. (April 210, 2021).

5. Mississippi State Department of Health, *Health in All Policies (HiAP)-CLAS Internal Assessment for FFS Contracts, Plans, Subgrants, Policies, MOUs and RFPs*, Jackson, Miss. (July 26, 2019).

6. H.B. 132, Health; State Health Officer Shall Develop Program to Close the Gap in Health Status of Gender and Racial Groups, House of Representatives, 2020 Regular Session. (Mississippi 2020). Accessed at **https://legiscan.com/MS/text/HB132/id/2110881**

7. Mississippi State Department of Health, *About the MSDH Health Equity Initiative*, **https://msdh.ms.gov/msdhsite/_static/44,0,236,61.html** (accessed on Aug. 26, 2021).

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10. Mississippi State Department of Health, *Improving Maternal and Infant Health Community Project: Request for Proposal (RFP)*, Jackson, Miss. (July 9, 2021).

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17. Mississippi State Department of Health, *State of the State: Annual Mississippi Health Disparities and Inequalities Report*, Jackson, Miss. (December 2018).

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19. Centers for Medicare & Medicaid Services, *Continuous Eligibility for Medicaid and CHIP Coverage*, **https://www. medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html** (accessed on Aug. 26, 2021).

20. Giovannelli, Justin, JoAnn Volk, and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership*, The Commonwealth Fund, New York, N.Y. (Jan. 15, 2020).

21. The State of Mississippi, Division of Medicaid, Office of the Governor, *Contract Between the State of Mississippi, Division of Medicaid, Office of the Governor and a Coordinated Care Organization*, Jackson, Miss. (2017).

22. Centers for Medicare & Medicaid Services, *Mississippi Waiver Factsheet*, **https://www.medicaid.gov/medicaid/ section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/MS#0355** (accessed on Aug. 26, 2021).

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