

Mississippi

Introduction and Table of Contents

April 8, 2011

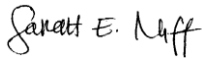
To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at (800) 933-3413. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPLINE](#)) at (888) 448-4911 for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at (888) 448-8765 for consultation on preventing mother-to-child transmission of HIV.

We update the *Compendium* periodically, but it is beyond the scope of the project to perform updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



Sarah E. Neff, MPH
Director of Research and Evaluation

&



Ronald H. Goldschmidt, MD
Director

National HIV/AIDS Clinicians' Consultation Center (NCCC)
San Francisco General Hospital
University of California, San Francisco

The Warmline, PEPLINE, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

Table of Contents	i
Definitions and Helpful Resources	ii
Quick Reference Guide for Clinicians to Mississippi HIV Testing Laws	iii
Perinatal Quick Reference Guide for Clinicians	iv
State Policies Relating to HIV testing, 2011	MS-1 – MS-23

Definitions and Helpful Resources

April 8, 2011

Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient’s name is not recorded with test results.
- **Confidential** – Patient’s name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.¹
 - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient’s personal and social supports; (4) determining the patient’s readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required. .
 - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.¹
- **Name-based reporting** – Cases are reported by patient name (required in all states except HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.²
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.¹
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.³
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

Emergency Department Implementation Guide: <http://edhivtestguide.org/>

Prenatal HIV Testing Website: <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

For questions or comments about the compendium, contact NCCC: neffs@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at 800-933-3413.

¹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

² <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

³ <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

Mississippi

A Quick Reference Guide for Clinicians to Mississippi HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant Mississippi state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Mississippi HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- Specific consent not required by hospitals, their staff, or physicians for the purposes of diagnosis, treatment, or protection of health and safety.

Counseling

- Post-test counseling is required with HIV positive test results.

Provisos of Testing

- **Anonymous**
 - Anonymous testing is not available.
- **Rapid**
 - No specific provisions regarding rapid testing were found.
- **Routine**
 - No specific provisions regarding routine testing were found.

Disclosure

- No specific provisions regarding the notification of partners or contacts were found.

Minor/Adolescent Testing

- Minors may consent to venereal disease testing and treatment, HIV explicitly included.
- Physicians may, but are not required to, notify the parents of the HIV test result.

Mississippi

Perinatal Quick Reference Guide:

A Guide to Mississippi Perinatal HIV Testing Laws for Clinicians

April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Mississippi perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Mississippi HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* (www.nccc.ucsf.edu), “Testing of pregnant women and/or newborns.”

Prenatal

- **Initial visit**
 - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
 - No specific provisions regarding third trimester prenatal testing were found.

Labor & Delivery

- No specific provisions regarding labor & delivery testing were found.

Neonatal

- No specific provisions regarding neonatal testing were found.

Other

- N/A

Mississippi

State Policies Relating to HIV Testing, 2011

Table of Contents

Mississippi Code Annotated [MCA]

Title 41: Public Health	Pages 3-9
Title 44: Public Welfare	Page 10
Title 45: Public Safety and Good Order	Pages 11-12
Title 97: Crimes	Page 13
Title 99: Criminal Procedure	Pages 14-15

Mississippi Rules and Regulations [MRR]

Title 15: Department of Health – Chapter 1: Reportable Diseases	Pages 16-23
--	-------------

	Policy Category	Type	Section Code(s)
RESTR. ICTIONS/ MANDATES	Restrictions on use of HIV test	No related laws found	
	Mandatory testing within the criminal justice system	All inmates	MCA §41-23-1(10) MRR §117.02
		Convicted sex offenders	MCA §99-19-203
		Juveniles convicted of a sex offense upon request of victim	MCA §43-21-623
	Mandatory testing outside of the criminal justice system	Any person suspected of infection or exposure must undergo examination	MRR §116.14
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	No related laws found	
	Informed consent	Specific consent not required for purposes of diagnosis, treatment, or protection of health and safety of other patients/ staff by hospitals or physicians	MCA §41-41-16
	Counseling requirements	Post-test counseling required for HIV positive results	MRR §113.03
		HIV counseling must be offered to victims of sex offenses if offender tests positive	MCA §99-19-203 MCA §43-21-623
	Anonymous testing	Not allowed	MCA §41-23-1
POST-TESTING	Disclosure/confidentiality	HIV reports as confidential	MCA §41-34-7
		Disclosure of HIV status of sex offender to victim	MCA §99-19-203 MCA §43-21-623
		Unlawful for HIV+ person to knowingly expose others - duty of patient to disclose status	MCA §97-27-14

	Reporting	Name-based reporting	MRR §100
		Department of Health mandated to develop list of reportable diseases and procedures	MCA §41-23-1
		Insurance companies also required to report	MCA §41-23-1(4)
OTHER	Testing of pregnant women and/or newborns	No related laws found	
	Testing of minors/adolescents	Minors may consent to services for venereal disease	MCA §41-41-13
		Minors may consent to HIV testing	MCA §41-41-13 MRR §166.14
		Physician may, but is not required to, inform parents or guardians	MCA §41-41-13
	Rapid HIV testing	No related laws found	
	Training and education of health care providers	No related laws found	

Recommended Resources

Mississippi Legislature

<http://www.ls.state.ms.us/>

Mississippi Department of Health – Legislation Tracking

<http://www.msdh.state.ms.us/billstatus/index.aspx>

Mississippi Unannotated Code Search

http://www.sos.state.ms.us/ed_pubs/mscode/

Mississippi Department of Health

<http://www.msdh.state.ms.us/>

Mississippi Department of Health – Rules and Regulations – Reportable Diseases

<http://www.msdh.state.ms.us/msdhsite/ static/30,0,194.html>

Title 41: Public Health

MS Title 41 Code §	Code Language
§ 41-23-1	<p>Rules and regulations; physicians, health care facilities, and correctional facilities to report cases of communicable and other dangerous diseases; penalties</p> <p>(1) The State Board of Health shall adopt rules and regulations (a) defining and classifying communicable diseases and other diseases that are a danger to health based upon the characteristics of the disease; and (b) establishing reporting, monitoring and preventive procedures for those diseases.</p> <p>(2) Upon the death of any person who has been diagnosed as having Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) or any Class 1 disease as designated by the State Board of Health, in a hospital or other health care facility, in all other cases where there is an attending physician, and in cases in which the medical examiner, as defined in Section 41-61-53(f), investigates and certifies the cause of death, the attending physician, the person in charge of the hospital or health care facility, or the medical examiner, as the case may be, shall report as soon as practicable to the Executive Officer of the State Board of Health or to other authorities the cause or contributing cause of death as required by the State Board of Health. Such reporting shall be according to procedures as required by the State Board of Health.</p> <p>(3) Upon the death of any person who has been diagnosed as having Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), where there is not an attending physician, any family member or other person making disposition of the body who knows that such decedent had been diagnosed as having HIV/AIDS shall report this fact to the medical examiner as defined in Section 41-61-53(f), who shall report as soon as practicable to the Executive Officer of the State Board of Health or to other authorities the cause or contributing cause of death as required by the State Board of Health. Such reporting shall be according to procedures as required by the State Board of Health.</p> <p>(4) Every practicing or licensed physician, or person in charge of a hospital, health care facility, insurance company which causes to be performed blood tests for underwriting purposes or laboratory, shall report immediately to the Executive Officer of the State Board of Health or to other authorities as required by the State Board of Health every case of such diseases as shall be required to be reported by the State Board of Health. Such reporting shall be according to procedures, and shall include such information about the case, as shall be required by the State Board of Health. Insurance companies having such blood test results shall report immediately to the Executive Officer of the State Board of Health or to other authorities as required by the State Board of Health every case of such diseases as shall be required to be reported by the State Board of Health. The insurance company shall notify the individual on whom the blood test was performed in writing by certified</p>

MS Title 41 Code §	Code Language
	<p>mail of an adverse underwriting decision based upon the results of such individual's blood test but shall not disclose the specific results of such blood tests to the individual. The insurance company shall also inform the individual on whom the blood test was performed that the results of the blood test will be sent to the physician designated by the individual at the time of application and that such physician should be contacted for information regarding the blood test results. If a physician was not designated at the time of application, the insurance company shall request that the individual name a physician to whom a copy of the blood test can be sent.</p> <p>(5) Any practicing or licensed physician, or person in charge of a hospital or health care facility, who knows that a patient has a medical condition specified by the Department of Health as requiring special precautions by health care providers, shall report this fact and the need for appropriate precautions to any other institution or provider of health care services to whom such patient is transferred or referred, according to regulations established by the State Board of Health.</p> <p>(6) Any practicing or licensed physician or person in charge of a hospital, health care facility or laboratory who fails to make the reports required under this section regarding Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) or any Class 1 disease or condition as designated by the State Board of Health shall be reported to the Board of Medical Licensure, in the case of a physician, or to the applicable licensing agency in the case of institutions, and such failure shall be grounds for suspension of license.</p> <p>(7) Any person other than a practicing or licensed physician, or person in charge of a hospital or health care facility, willfully failing to make the reports required under this section shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not more than Five Hundred Dollars (\$ 500.00) or by confinement in the county jail for not more than thirty (30) days, or both.</p> <p>(8) The provisions of this section are cumulative and supplemental to any other provision of law, and a conviction or penalty imposed under this section shall not preclude any other action at law, proceedings for professional discipline or other criminal proceedings.</p> <p>(9) Notwithstanding any law of this state to the contrary, the State Board of Health is authorized to establish the rules by which exceptions may be made to the confidentiality provisions of the laws of this state for the notification of third parties of an individual's infection with any Class 1 or Class 2 disease, as designated by the State Board of Health, when exposure is indicated or there exists a threat to the public health and welfare. All notifications authorized by this section shall be within the rules established according to this subsection. All persons who receive notification of the infectious condition of an individual under this subsection and the rules established under this subsection shall hold such</p>

MS Title 41 Code §	Code Language
	<p>information in the strictest of confidence and privilege, shall not reveal the information to others, and shall take only those actions necessary to protect the health of the infected person or other persons where there is a foreseeable, real or probable risk of transmission of the disease.</p> <p>(10) Each public or private correctional facility housing state offenders, federal offenders or offenders from any other jurisdiction shall require all offenders in the facility to be tested for tuberculosis and Human Immunodeficiency Virus (HIV) in conjunction with the rules and regulations of the State Department of Health. The reporting shall be according to procedures and shall include any information about the case that is required by the State Board of Health. In order to carry out the provisions of this section, the following shall apply:</p> <p>(a) Any such public or private correctional facility may contract with the Mississippi Department of Corrections, the Mississippi State Department of Health, or other such appropriate state, federal or local entity for the inspection, monitoring or provision of any assistance necessary or desirable to maintain appropriate facilities for the purpose of identification, prevention, and treatment of communicable diseases and other conditions considered prejudicial to public health; and</p> <p>(b) Any such public or private correctional facility shall grant representatives of the State Department of Health, in the discharge of its duties, access to all areas of the facility and to the offenders and staff at all times. The facility shall reimburse the State Department of Health for all costs incurred for the control of communicable diseases or other conditions prejudicial to public health in the facility and for the costs incurred for the control of communicable diseases or other conditions prejudicial to public health spreading from the facility, staff or inmates to other individuals or property in the county or state.</p>
§ 41-23-5	<p>Authority of State Department of Health to investigate diseases</p> <p>The State Department of Health shall have the authority to investigate and control the causes of epidemic, infectious and other disease affecting the public health, including the authority to establish, maintain and enforce isolation and quarantine, and in pursuance thereof, to exercise such physical control over property and individuals as the department may find necessary for the protection of the public health.</p>
§ 41-23-27	<p>Powers of State Board of Health as to persons afflicted with infectious sexually transmitted disease</p> <p>The State Board of Health shall have full power to isolate, quarantine or otherwise confine, intern, and treat such person afflicted with such infectious sexually transmitted disease for such time and under such restrictions as may seem proper. Said board shall have full power to pass all such rules and regulations as to the isolation, quarantine, confinement, internment and treatment as may be needful.</p> <p>Any person knowingly violating any rule or regulation promulgated by the</p>

MS Title 41 Code §	Code Language
	state board of health, under the authority of this section, shall be deemed guilty of a misdemeanor and upon conviction shall be punished by fine or imprisonment or both.
§ 41-23-29	<p>Inspection and examination of person suspected of being afflicted with infectious sexually transmitted disease</p> <p>Any person suspected of being afflicted with any such infectious sexually transmitted disease shall be subject to physical examination and inspection by any representative of the state board of health. For failure or refusal to allow such inspection or examination, such person may be punished as for a misdemeanor.</p>
§ 41-23-30	<p>Free testing for and treatment of sexually transmitted disease</p> <p>County health departments shall provide testing for and treatment of sexually transmitted disease. Such testing and/or treatment shall be kept in strict confidence. The county boards of supervisors are directed to make known to the public, through available media, the confidentiality of the testing for and treatment of sexually transmitted disease.</p>
§ 41-23-39	<p>Definitions applicable to Section 41-23-41</p> <p>The following terms when used in Sections 41-23-39 and 41-23-41 shall have the following meanings herein ascribed:</p> <p>(a) "Emergency medical technician" means a person licensed pursuant to Section 41-59-1 et seq., Mississippi Code of 1972, to provide emergency medical services as an emergency medical technician-ambulance, emergency medical technician-intermediate, emergency medical technician-paramedic, or emergency medical technician-nurse-paramedic.</p> <p>(b) "Fire department" means service groups (paid or volunteer) that are organized and trained for the prevention and control of loss of life and property from fire and/or other emergencies.</p> <p>(c) "Fire fighter" means an individual who is assigned to fire fighting activity and is required to respond to alarms and perform emergency actions at the location of a fire, hazardous materials or other emergency incident.</p> <p>(d) "Infectious disease" means any condition as listed or determined by the State Department of Health that may be transmitted by an infected person.</p> <p>(e) "Licensed facility" means hospital, nursing home, medical clinic or dialysis center, as licensed by the state to provide medical care, but shall not include a physician's office.</p>

MS Title 41 Code §	Code Language
	(f) "Bystanding caregiver" means any person who is unlicensed or noncertified in providing medical services or emergency medical services, who provides care or services to an injured person at the scene of an emergency before the arrival and rendering of emergency medical services by a licensed or certified emergency medical services provider.
§ 41-23-41	<p>Emergency service provider notice of exposure to blood or body fluids; licensed facility duties regarding infectious disease</p> <p>If, in the course of providing emergency services to any person subsequently transported to a licensed facility, an emergency medical technician, fire fighter, bystanding caregiver or other provider of emergency rescue services is exposed by direct contact to the patient's blood or other internal body fluids, the emergency medical technician, fire fighter, bystanding caregiver or the emergency service provider, or his/her employer, shall notify the licensed facility to which the patient is transported of the blood and/or body fluid exposure. If the patient is subsequently diagnosed as having an infectious disease specified by the State Department of Health as being transmissible by blood or other internal body fluids, the licensed facility shall notify the emergency medical technician, fire fighter, bystanding caregiver, emergency service provider, or his/her employer, in such detail and according to the manner prescribed by the State Board of Health in its regulations. The State Board of Health shall adopt appropriate regulations to address the diseases involved.</p>
§ 41-34-7	<p>Confidentiality of reports of Hepatitis B or HIV carrier status</p> <p>Each report of Hepatitis B Virus carrier status or Human Immunodeficiency Virus carrier status filed in compliance with this section and each record maintained and meetings held by the boards in the course of monitoring a licensee for compliance with the practice requirements established by this section, are confidential and exempt from the provisions of the Mississippi Public Records Law, Sections 25-61-1, et seq.</p>
§ 41-39-13	<p>Tags on bodies of persons with infectious or communicable diseases</p> <p>(1) For the purposes of this section, the term "infectious or communicable disease" means the following:</p> <ul style="list-style-type: none"> (a) Infectious hepatitis; (b) Tuberculosis; (c) Any venereal disease; (d) Acquired immune deficiency syndrome (AIDS); or (e) Any other disease designated by the State Board of Health in its rules and regulations as a disease transmissible through blood contact for which precautions are necessary in embalming or otherwise handling dead bodies infected with the disease or its causative agent.

MS Title 41 Code §	Code Language
	<p>(2) Upon the death of a person who has been diagnosed as having an infectious or communicable disease or its causative agent, in a hospital or other health care facility, and in all other cases where there is an attending physician, the attending physician, or person in charge of the hospital or health care facility, shall affix or cause to be affixed a tag on the body, preferably on the great toe. The tag shall be on card stock paper and shall be no smaller than five (5) centimeters by ten (10) centimeters. It shall be red in color and shall include the words "BLOOD/BODY FLUID PRECAUTIONS REQUIRED" in letters no smaller than six (6) millimeters in height. The name of the deceased person shall be written on the tag and the tag shall remain affixed to the body until the preparation of the body for burial has been completed.</p> <p>(3) Upon the death of a person infected with the agent which causes an infectious or communicable disease, outside of a hospital or health care facility or without an attending physician, any family member or person making arrangements for the disposition of the body who knows that the deceased was infected with such agent at the time of death shall advise the person taking charge of the body for disposition of this fact. The person taking charge of the body then shall affix or cause to be affixed a tag on the body as described in subsection (2) of this section.</p> <p>(4) (a) Failure to comply with the requirements of this section shall constitute a misdemeanor and shall be punishable by a fine of not more than Five Hundred Dollars (\$ 500.00) or by confinement in the county jail for not more than thirty (30) days, or both. (b) The provisions of this subsection are cumulative and supplemental to any other provision of law, and a conviction or penalty imposed under this section shall not preclude any other action at law, proceedings for professional discipline or other criminal proceedings.</p>
§ 41-41-13	<p>Physician or nurse practitioner treating minor for venereal disease need not obtain parental consent</p> <p>Any physician, duly licensed to practice medicine in the State of Mississippi, or any nurse practitioner, who, in the exercise of due care, renders medical care to a minor for treatment of a venereal disease is under no obligation to obtain the consent of a parent or guardian, as applicable, or to inform such parent or guardian of such treatment.</p>
§ 41-41-16	<p>Health care providers conducting tests for infectious diseases without consent of patient</p> <p>A hospital or physician, and employees of such hospital or physician, may conduct an acquired immune deficiency syndrome (AIDS)/human immunodeficiency virus (HIV) antibody test or appropriate tests for any other infectious diseases without specific consent for such tests if the hospital or physician determines that the test is necessary for diagnostic purposes to provide appropriate care or treatment to the person to be tested, or in order to protect the health and safety of other patients or</p>

MS Title 41 Code §	Code Language
	persons providing care and treatment to the person to be tested. The person who is to be tested shall be informed of the nature of the test which is to be conducted.

Title 43: Public Welfare

MS Title 43 Code §	Code Language
§ 43-21-623	<p>Testing of juvenile delinquents under the jurisdiction of the youth court for HIV and AIDS</p> <p>Any juvenile who is adjudicated a delinquent on or after July 1, 1994, as a result of committing a sex offense as defined in Section 45-33-23 or any offense involving the crime of rape and placed in the custody of the Mississippi Department of Human Services, Office of Youth Services, shall be tested for HIV and AIDS. Such tests shall be conducted by the State Department of Health in conjunction with the Office of Youth Services, Mississippi Department of Human Services at the request of the victim or the victim's parents or guardian if the victim is a juvenile. The results of any positive HIV or AIDS tests shall be reported to the victim or the victim's parents or guardian if the victim is a juvenile as well as to the adjudicated offender. The State Department of Health shall provide counseling and referral to appropriate treatment for victims of a sex offense when the adjudicated offender tested positive for HIV or AIDS if the victim so requests.</p>

Title 45: Public Safety and Good Order

MS Title 45 Code §	Code Language
§ 45-33-23	<p>Definitions</p> <p>For the purposes of this chapter, the following words shall have the meanings ascribed herein unless the context clearly requires otherwise:</p> <p>(g) "Sex offense" means any of the following offenses:</p> <p>(i) Section 97-3-53 relating to kidnapping, if the victim was below the age of eighteen (18);</p> <p>(ii) Section 97-3-65 relating to rape; however, conviction or adjudication under Section 97-3-65(1) (a) on or after July 1, 1998, when the offender was eighteen (18) years of age or younger at the time of the alleged offense, shall not be a registrable sex offense;</p> <p>(iii) Section 97-3-71 relating to rape and assault with intent to ravish;</p> <p>(iv) Section 97-3-95 relating to sexual battery; however, conviction or adjudication under Section 97-3-95(1) (c) on or after July 1, 1998, when the offender was eighteen (18) years of age or younger at the time of the alleged offense, shall not be a registrable sex offense;</p> <p>(v) Section 97-5-5 relating to enticing child for concealment, prostitution or marriage;</p> <p>(vi) Section 97-5-23 relating to the touching of a child, mentally defective or incapacitated person or physically helpless person for lustful purposes;</p> <p>(vii) Section 97-5-27 relating to the dissemination of sexually oriented material to children;</p> <p>(viii) Section 97-5-33 relating to the exploitation of children;</p> <p>(ix) Section 97-5-41 relating to the carnal knowledge of a stepchild, adopted child or child of a cohabiting partner;</p> <p>(x) Section 97-29-59 relating to unnatural intercourse;</p> <p>(xi) Section 97-1-7 relating to attempt to commit any of the above-referenced offenses;</p> <p>(xii) Section 97-29-3 relating to adultery or fornication between teacher and pupil;</p> <p>(xiii) Section 43-47-18 relating to sexual abuse of a vulnerable adult;</p> <p>(xiv) Section 97-3-54.1(1)(c), relating to procuring sexual servitude</p>

MS Title 45 Code §	Code Language
	<p>of a minor;</p> <p>(xv) Any other offense resulting in a conviction in another jurisdiction, whether state, federal or military, which, if committed in this state, would be deemed to be such a crime without regard to its designation elsewhere;</p> <p>(xvi) Any offense resulting in a conviction in another jurisdiction, whether state, federal or military, for which registration is required in the jurisdiction where the conviction was had.</p>

Title 97: Crimes

MS Title 97 Code §	Code Language
§ 97-27-14	<p data-bbox="440 352 1084 384">Knowingly exposing another person to HIV</p> <p data-bbox="440 417 1425 512">(1) It shall be unlawful for any person to knowingly expose another person to a human immunodeficiency virus (HIV). Prior knowledge and willing consent to the exposure is a defense to the crime set forth herein.</p> <p data-bbox="440 546 1419 674">(2) For a violation of this section where no cure is available for such disease such violation shall be a felony and, upon conviction, a violator shall be punished by imprisonment for not more than ten (10) years and a fine of not more than Ten Thousand Dollars (\$ 10,000.00).</p> <p data-bbox="440 707 1398 802">(3) The provisions of this section shall be in addition to any other provisions of law for which the actions described in this section may be prosecuted.</p>

Title 99: Criminal Procedure

MS Title 99 Code §	Code Language
§ 99-19-201	<p>Definitions</p> <p>The following terms shall have the meanings ascribed to them herein unless the context requires otherwise:</p> <p>(a) "AIDS" means acquired immunodeficiency syndrome, AIDS related complex and any similar disease.</p> <p>(b) "HIV" means the human immunodeficiency virus or any other identified causative agent of AIDS.</p> <p>(c) "Sex offense" means any offense described in Section 45-33-23 or any offense involving the crime of rape.</p> <p>(d) "Test" means a test to determine the presence of the AIDS disease or the presence of the antibody or antigen to HIV or the presence of HIV infection.</p>
§ 99-19-203	<p>Testing of persons convicted of sex offenses for HIV and AIDS</p> <p>Any person who is convicted of a sex offense on or after July 1, 1994, and who is sentenced to any state or local correctional facility, placed on probation, given a suspended sentence or other disposition shall be tested for HIV and AIDS by the State Department of Health in conjunction with the State Department of Corrections. An offender who is confined for more than ninety (90) days shall be tested for HIV and AIDS within thirty (30) days before the date of such offender's release. The results of any positive HIV or AIDS tests shall be reported to the victim(s) of such offense and the offender. Any positive HIV or AIDS test results shall also be reported to the victim's spouse and to the spouse of the person who is convicted of such sex offense, if either or both of them are lawfully married. The State Department of Health shall provide counseling and the referral to appropriate treatment for victim(s) of a sex offense where the convicted offender tested positive for HIV or AIDS.</p>
§ 99-37-25	<p>Testing of alleged sexual assault defendant/accused at request of victim</p> <p>(b) Upon application submitted by the district attorney, provided the proper warrant or court order has been issued, the county in which an offense of sexual assault or of felonious abuse or battery of a child as described in Section 97-5-39, touching or handling a child for lustful purposes as described in Section 97-5-23, exploitation of children as described in Section 97-5-33 or sexual battery as described in Section 97-3-95, or statutory rape as defined in Section 97-3-65, or an attempt to commit such offense has occurred shall pay for a medical forensic examination of the person arrested, charged or convicted of such offense to determine if the person so arrested, charged or convicted has any sexually transmitted disease and for the collection of evidence. Such payment shall be made by the county directly to the health care provider or other service performing the collection of evidence and tests. At the victim's request, a test for human immunodeficiency virus (HIV) shall be</p>

MS Title 99 Code §	Code Language
	administered to the defendant/accused not later than forty-eight (48) hours after the date on which the information or indictment is presented, and the defendant/accused shall be subjected to follow-up testing for HIV upon a determination that such follow-up testing is medically necessary and reasonable. The results of any such test shall be confidential but shall be made available to the victim or, if the victim is a child, to the guardian of the victim. After an indictment, if the case is dismissed, the defendant is found not guilty or the case is not prosecuted within three (3) years of the indictment, all records of tests shall be returned to the accused or destroyed. Upon a showing of good cause, the court may retain such records and allow a case to remain open after the expiration of the three-year limitation provided herein.

Mississippi Rules and Regulations
Title 15: Department of Health

Title 15 MRR	Code Language
§100	<p>REPORTABLE DISEASES AND CONDITIONS - DUTY TO REPORT</p> <p>Each clinician including each physician, pathologist, nurse practitioner, medical examiner; and coroner, laboratory director and veterinarian, in epizootic diseases, shall report to the Department of Health any diagnosed case or suspected case of a reportable disease or condition, including those hereinafter listed, which he or she is attending, has examined, or of which he or she has knowledge. Reports on patients originating from institutions (including but not limited to hospitals and nursing homes) may be coordinated through a designated person, such as an infection control practitioner, provided there is prior arrangement with the Mississippi Department of Health, Division of Epidemiology. Such report shall include, unless otherwise specified, the patient's name, address, age and/or date of birth, race, sex, the disease or suspected disease or condition, the date of onset of the disease, method of diagnosis, and name of attending clinician.</p> <p>All reports so made are confidential. Reports shall be made as required for each class. Case Report Cards for written reports are supplied through the local health department. When a report to the local health department is made by telephone or in person, the local health officer or his or her designee shall be responsible for preparing the Case Report Card, and forwarding it to the Division of Epidemiology.</p> <p>The designated diseases and conditions listed in Appendix A shall be reported using the following classifications. The list designating the reportable diseases and conditions shall be published annually in the Mississippi Morbidity Report and is also available upon request to the Division of Epidemiology.</p> <p>100.01 <u>Definitions.</u></p> <p>1. Class 1: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix C to the Rules and Regulations Governing Reportable Diseases and Conditions).</p>
§102	<p>DUTY OF LABORATORY DIRECTORS TO REPORT</p> <p>It shall be the duty of the director or other person in charge of any clinical laboratory in the State of Mississippi or serving Mississippi clinicians or institutions to notify the Mississippi Department of Health of any laboratory finding as provided for in Appendix A of the Rules and Regulations Governing Reportable Diseases for all classes of diseases or conditions. The report shall in all cases include the name and location of</p>

Title 15 MRR	Code Language
	the physician or other health care provider ordering the test in addition to the patient identifying information specified in Section 100. Tests considered reportable shall be those listed in Appendix C to the Rules and Regulations Governing Reportable Diseases.
§103	<p>DUTIES OF LOCAL HEALTH OFFICER</p> <p>The director of the local health department, as the local health officer, shall be responsible for the control of communicable diseases and other conditions within his or her jurisdiction considered prejudicial to the public health. It shall be his or her duty to collect and make reports as required to the Mississippi Department of Health, to provide consultation services to physicians regarding communicable diseases, to advise and consult with all others in matters relating to public health, and to investigate reports of known or suspected communicable diseases or of conditions which might be prejudicial to the public health. It shall be his or her duty to determine in individual cases or groups of cases whether to impose restrictions on the activities of patients or contacts of persons with a communicable disease and to fix the period of isolation for such diseases. For all the diseases listed in Section 100, Class 1 the local health officer shall, on first knowledge or suspicion, conduct an investigation into all the circumstances and prescribe such reasonable methods of control as may be calculated to minimize the danger of further dissemination of the disease process. The measures proposed in the sixteenth or later edition of the Control of Communicable Diseases Manual, published by the American Public Health Association shall be considered as supplementary. In all matters where there is disagreement as to diagnosis, isolation or in any other situation where the responsibility rests with the health officer, the opinion of the health officer shall prevail. In the discharge of his or her duties, the health officer or designee shall not be denied the right of entry to any premises nor shall he or she be denied pertinent patient health information and patient identifiers.</p>
§104	<p>REPORTING OF PATIENTS WHO ABANDON TREATMENT</p> <p>If any patient suffering from any of the diseases or conditions listed in Appendix A leaves the care of his/her physician or leaves any hospital, and the condition of the patient is considered harmful to the public health, it shall be the duty of the attending physician or superintendent or other person in charge of the hospital to report the circumstances to the Department of Health, whether the case has been previously reported or not.</p>
§105	<p>SUSPECTS OR CONTACTS OF COMMUNICABLE DISEASES REQUIRED TO SUBMIT TO EXAMINATION</p> <p>The local health officer is authorized to examine, treat, and/or isolate at his or her discretion or under the direction of the State Health Officer any person who, on credible information, is suspected of suffering from any</p>

Title 15 MRR	Code Language
	<p>communicable disease, or who is a contact with a known case of such disease or may be a carrier or have the disease in the incubation or prodromal phase. Said suspect or contact shall be notified in writing to report to a reasonable place at a reasonable time for such examination. Should the suspect or contact refuse to submit to examination satisfactory to the health officer, said suspect or contact shall be prosecuted at law to compel compliance and/or be isolated in a manner prescribed by the health officer until the danger of transmitting the disease in question has passed. In the event that the aforementioned suspect or contact is a minor, the parent or guardian shall be apprised of the facts and requested to deliver said minor for examination. In the event of refusal, the health officer shall maintain action at law to compel compliance of the parent or guardian and/or impose isolation as necessary.</p>
§106	<p>PERSONS IN CHARGE OF CERTAIN BUSINESSES AND INSTITUTIONS REQUIRED TO EXCLUDE CERTAIN PERSONS</p> <p>When any superintendent or other person in charge of any school or other institution, whether public or private, or the person in charge of any establishment or business dealing with perishable foods or foodstuffs for public consumption knows or suspects that any person attending or employed in said school, institution, or business is afflicted with any disease transmissible under the conditions prevailing in that institution or establishment, said person in charge shall exclude the affected person from attending or working in said school, institution or business until he/she shall have been declared by the health officer, or by medical certification acceptable to the health officer, not to be a significant threat to the health of others as a result of the above mentioned disease.</p>
§108	<p>NOTIFICATION OF OTHER HEALTH CARE PROVIDERS</p> <p>Any provider of health care services, including but not limited to physician, hospital, and emergency clinic who refers or transfers a patient to another provider of health care services and who has knowledge that the patient has one of the conditions listed in Section 112 or carries the infectious agent thereof or any other disease or agent transmissible under the circumstances of the care to be provided, shall advise the health care service provider to whom the patient is referred or transferred of the presence of the condition together with pertinent details as indicated by accepted standards of medical practice.</p>
§109	<p>NOTIFICATION OF THIRD PARTY INDIVIDUALS</p> <p>In certain circumstances where such notification has significant potential for interrupting the transmission of disease, the Department of Health, through its official representatives, may notify a third party of the presence of a reportable disease in another person. Such notification shall be subject to the prior approval of the State Health Officer or of the State Epidemiologist, and shall take place only under the</p>

Title 15 MRR	Code Language
	<p>following conditions:</p> <p>109.01 Significant, medically recognized, and biologically plausible potential for the transmission of the disease involved must exist under the circumstances;</p> <p>109.02 The party to be notified:</p> <ol style="list-style-type: none"> 1. Must be at significant risk of acquiring the disease in question or of aggravation of the disease by additional exposure if such notification does not occur, and be potentially able to avoid such transmission by realistic means as a result of the notification; or, 2. Must stand in loco parentis or otherwise be responsible for the activities of other persons whose activities could realistically be expected to produce the potential for transmission of the disease to other individuals, and such notification would enable that person to take action which could realistically result in prevention of transmission; or, 3. Could, with such notification, aid in preventing further transmission of the disease by offering testimony in a judicial proceeding concerning the infected individual's violation of an order of the Mississippi Department of Health. <p>Such notification shall always be dependent on the presence of a disease that can be transmitted under the circumstances involved, and where there either is no other practical means of limiting transmission or where notification provides such a significant advantage over other means of attempting to reduce transmission that in the opinion of the State Health Officer or the State Epidemiologist, notification is warranted.</p>
§110	<p>NOTIFICATION OF EMERGENCY MEDICAL SERVICE PROVIDERS - POSTEXPOSURE</p> <p>When in the course of providing emergency services to an individual, an emergency medical technician, firefighter, peace officer, or other provider of emergency services comes into direct bare-skin contact with the patient's blood or other internal body fluids, and the patient is transported to a medical care facility, the emergency medical services provider shall notify the medical facility of the blood exposure. Notification shall be in writing and shall include the date and time of the exposure, a description of the nature of the exposure, and the circumstances under which it occurred. If the medical facility to whom the victim is delivered learns during that admission or episode of treatment that the patient has one of the conditions listed in Section 112 or carries the causative agent thereof, the medical facility shall then advise the emergency medical service worker who was exposed as to the condition which was present, and the need for any protective measures to be taken. The hospital shall retain in the patient's medical record a copy of the written notification by the emergency medical services provider of the exposure. The emergency service provider and/or the agency to which he or she is employed shall not disclose any patient identifying information provided under this section to any other person or</p>

Title 15 MRR	Code Language
	agency.
§112	<p>BLOODBORNE AGENTS</p> <p>The State Board of Health declares the following diseases and/or infectious agents, transmissible by blood or body fluids, to require the use of appropriate blood and body fluid precautions, including notification of other health care personnel, emergency medical personnel, and providers of post-mortem services as indicated by accepted standard of medical practice or required by law.</p> <p><u>Bloodborne Agents</u> Human Immunodeficiency Virus (HIV) infection</p>
§113	<p>Testing for Human Immunodeficiency Virus Infection</p> <p>Testing for infection with human immunodeficiency virus (HIV) shall be performed only under the following conditions:</p> <p>113.01 No individual or agency shall perform screening tests or collect specimens for the performance of such tests without either the ability to perform appropriate confirmatory tests, such as fluorescent antibody, Western blot, or other tests accepted as confirmatory by the State Department of Health, or arrangements to have such confirmatory tests performed.</p> <p>113.02 Individuals tested for HIV infection shall be notified of the results of the testing only upon completion of appropriate confirmatory or second level test such as fluorescent antibody, Western blot, or other tests accepted as confirmatory by the State Department of Health.</p> <p>113.03 No testing shall be performed without appropriate post-test counseling of individuals tested.</p>
§116	<p>SPECIFIC DISEASE CONTROL MEASURES</p> <p>The following measures shall be used to control or prevent the included diseases of public health importance. The measures proposed in the sixteenth or later edition of the Control of Communicable Diseases Manual, published by the American Public Health Association shall be considered as supplementary.</p> <p>116.14. <u>Sexually Transmitted Diseases - General</u> Any person known or suspected of having syphilis, gonorrhea, chlamydia, chancroid, human immunodeficiency virus (HIV) or other sexually transmissible disease (STD) or suspected of having been exposed to syphilis, gonorrhea, chlamydia, chancroid, HIV or other STD shall submit to examination as provided in Section IV. Any person who, after due notification, fails or refuses to report for examination at the time and place designated by the health officer shall be subject to prosecution and</p>

Title 15 MRR	Code Language
	the local health officer or the Mississippi State Department of Health or its representative may make an affidavit of such fact and cause the issuance of a warrant returnable before any court of competent jurisdiction. All records and reports herein required shall be kept in secret files and disclosed only as required before the court. (Section 41-23-29, Mississippi Code of 1972 as amended.)
§117	<p>Penalty for Violation of Rules and Regulations Regarding Reportable Diseases</p> <p>117.01 Any physician, dentist or other person who shall fail, neglect, or refuse to comply with, or shall falsify any report, or shall violate any of the Rules and Regulations of the Mississippi State Board of Health shall, upon conviction, be guilty of a misdemeanor and subject to the penalty provided by law.</p> <p>117.02 Addendum for Correctional Institutions</p> <p>The following regulations govern all Mississippi state correctional facilities, city and county facilities housing state prisoners, and privately operated correctional facilities in the state.</p> <ol style="list-style-type: none"> 1. "Correctional Institutions" and/or "correctional facility" shall be construed to mean any of the state-operated penitentiaries, privately operated correctional facilities, community work centers, community pre-release centers, restitution centers, county or regional correctional facilities, and/or administrative offices as is applicable to each respective policy. 2. All inmates shall be medically screened for communicable diseases (including Mycobacterium tuberculosis [TB], syphilis, and Human Immunodeficiency Virus [HIV]) to prevent the spread of these diseases within the correctional institutions and to the public. Employees (i.e. full and part-time employees, contract staff and volunteers) shall be screened for tuberculosis infection and disease. 3. The correctional institution shall establish schedules, protocols, and responsibilities for the testing of inmates and employees to ensure compliance with all relevant Mississippi Department of Health (MDH) guidelines. The correctional institution shall appoint a liaison to ensure that all necessary screening is provided to each inmate and employee under its jurisdiction regardless of the individual's physical location. 4. The director of the correctional institution, in consultation with the correctional institution's medical director, shall issue procedures to ensure that inmates, prior to being transferred into the correctional institution from another correctional institution, a non-state facility, or out-of-state jurisdiction have been properly tested/screened for communicable disease within the previous thirty (30) days. If such testing and screening has not been accomplished, the director shall

Title 15 MRR	Code Language
	<p>ensure that these procedures are completed prior to the transfer or upon the receipt of the inmate.</p> <p>5. Screening shall include a Rapid Plasma Reagin (RPR) for syphilis, HIV serology, and TB testing, including, TB signs and symptoms assessment, two-step Mantoux tuberculin skin test, and chest x-ray. No inmate shall be placed in the general population until TB assessment is completed. Any symptomatic inmate shall remain in respiratory isolation until TB test results are known and active tuberculosis disease has been ruled out. Documentation of these screening tests shall be maintained for all inmates in a correctional institution. Significant tests shall be reported to the MDH.</p> <p>6. Screening, latent therapy, active treatment and treatment follow-up of inmates and employees for tuberculosis shall follow the policies and procedures included in the latest revision of the Tuberculosis Manual of the MDH. All latent and active TB treatment of the inmates shall be directly observed by a health care provider.</p> <p>7. The correctional institution's medical director, in order to contain communicable disease and/or enforce screening schedules, with the approval of the correctional institutional superintendent and/or classification director shall have the authority to:</p> <ol style="list-style-type: none"> a. Place inmates in quarantine b. Suspend employees c. Move inmates between approved housing locations or to approved medical facilities d. Issue procedures for the care and treatment of inmates and employees with communicable diseases
Appendix A	<p>List of officially reportable diseases and conditions</p> <p>The following diseases or conditions are hereby declared to be reportable.</p> <p>Class 1: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix C).</p> <p><u>Any Suspected Outbreak (including foodborne and waterborne outbreaks)</u></p> <p>HIV Infection, including AIDS Invasive (Disease Due to: Neisseria meningitides or Haemophilus influenzae type b)</p>
Appendix C	<p>Laboratory Results That Must be Reported to the Mississippi Department of Health</p>

Title 15 MRR	Code Language
	<p>Laboratories shall report these findings to the Mississippi Department of Health at least WEEKLY. Diseases in bold type shall be reported immediately by telephone. Confirmatory tests for some of these may be obtained by special arrangement through the Division of Epidemiology at 601-576-7725</p> <p><u>Positive Serologic Tests</u> HIV infection (refer to Section XIV)</p>