



MISSISSIPPI

1. Plan Development

Mississippi has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Mississippi has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and “Works” Possession Laws and Syringe Exemption

SSPs have not been legalized in Mississippi, but there are Good Samaritan protections in place for those who seek medical assistance for individuals in need of emergency medical assistance, including themselves. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations most susceptible to viral hepatitis transmission.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is not mentioned in the state’s FY23 general budget, and there is no mention of viral hepatitis in the proposed FY24 budget either. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Mississippi is not a Medicaid expansion state, which limits the number of persons who have access to viral hepatitis prevention, treatment, and care. The state does distribute viral hepatitis educational information and materials and provides perinatal information / education for HBV; it does not offer perinatal HCV information. The state does include provider training resources on its website, including the UMMC ECHO. Information provided is only offered in English.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Mississippi. There also has been no litigation regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The MSDH Health Equity team has partnered with Boat People SOS and Mercy Housing and Human Development to establish “Test to Protect Family and Self,” a hepatitis B initiative that provides culturally appropriate hepatitis B education, screening, and treatment referral to the Vietnamese American communities of Harrison, Hancock, and Jackson counties.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Mississippi should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Mississippi has improved its Hepatitis C: State of Medicaid Access grade from a D to B by not imposing fibrosis, prescriber, and retreatment restrictions (among others). However, it still requires prior authorization and imposes other restrictions, including documentation of genotype and documentation of counseling regarding abstinence from alcohol and IV drugs before receiving treatment.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state of Mississippi’s published monthly case count report for all reportable diseases is available, but it has not been updated since May 2021. This is for all reportable disease statistics, not just hepatitis statistics. The state should work diligently to update all of this data as soon as possible.