

**Title 15: Mississippi State Department of Health**

**Part 9: Office of Health Policy and Planning**

**Subpart 98: MISSISSIPPI STATE DEPARTMENT OF HEALTH NATIONAL  
INTEREST WAIVER GUIDELINES**

**Chapter 1. MISSISSIPPI STATE DEPARTMENT OF HEALTH NATIONAL  
INTEREST WAIVER GUIDELINES**

**Subchapter 3. REQUIREMENTS TO REQUEST NIW SUPPORT LETTER FROM  
MISSISSIPPI STATE DEPARTMENT OF HEALTH:**

Rule 1.3.2. Requests for NIW support letters must include the following in the order listed:

2. A HIV test result and evidence of screening for tuberculosis infection and disease for the applying physician. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) and a chest x-ray with a written interpretation. The HIV test, tuberculosis screening, and tuberculosis tests must have occurred within the 3 months prior to the submission date of the Site Predetermination Application. The IGRA is not required if records of current or previous tuberculosis treatment completion are provided with the submission. If the applicant tests positive for tuberculosis infection or disease, during the application process, the recommendation shall be withheld until treatment is completed or a satisfactory treatment plan has been submitted to and approved by MSDH and agreed to by the applying physician. If any part of the testing or treatment is to be provided by the MSDH, the MSDH approved plan shall include the treatment regimen to be followed and an approved plan and method of payment for any required testing, treatment or follow-up. Failure to adhere to the plan or complete treatment may result in a revocation of the recommendation and notice to the appropriate federal entities.
  
20. An indication of whether the applying physician is a party to any existing or possible future (one that may occur within the obligation period) petition that would result in the applying physician not having to complete the service obligation.

*SOURCE: Miss. Code Ann. §41-3-17*

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**Subchapter 3. REQUIREMENTS TO REQUEST NIW SUPPORT LETTER FROM  
MISSISSIPPI STATE DEPARTMENT OF HEALTH:**

Rule 1.3.2. Requests for NIW support letters must include the following in the order listed:

2. ~~A HIV test result and evidence of screening for latent and active tuberculosis for the applying J-1 physician. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) when reasonably available or a Mantoux tuberculin skin test (TST) when the IGRA is not available; and a chest x-ray with a written interpretation. Both the HIV test result and tuberculosis screening must have occurred within the past 6 months prior to the submission date of the Site Predetermination Application, with the exception, of the IGRA and TST if documentation of current or previous tuberculosis treatment completion is provided with the submission. For an applying physician showing signs of active tuberculosis, a MSDH approved plan for treatment, and an approved provision for payment of testing, treatment, and follow up is required. A HIV test result and evidence of screening for tuberculosis infection and disease for the applying physician. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) and a chest x-ray with a written interpretation. The HIV test, tuberculosis screening, and tuberculosis tests must have occurred within the 3 months prior to the submission date of the Site Predetermination Application. The IGRA is not required if records of current or previous tuberculosis treatment completion are provided with the submission. If the applicant tests positive for tuberculosis infection or disease, during the application process, the recommendation shall be withheld until treatment is completed or a satisfactory treatment plan has been submitted to and approved by MSDH and agreed to by the applying physician. If any part of the testing or treatment is to be provided by the MSDH, the MSDH approved plan shall include the treatment regimen to be followed and an approved plan and method of payment for any required testing, treatment or follow-up. Failure to adhere to the plan or complete treatment may result in a revocation of the recommendation and notice to the appropriate federal entities.~~

20. An indication of whether the applying physician is a party to any existing or possible future (one that may occur within the obligation period) petition that

would result in the applying physician not having to complete the service obligation.

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