

UTAH

All citations are to “Utah Code Ann.” unless otherwise noted.

DEFINITIONS

(1) AIDS and HIV are considered communicable and infectious diseases under the Communicable Disease Control Act. § 26-6-3.

(2) “Carrier,” “communicable disease,” “contact,” “epidemic,” “infection,” “infectious agent,” “infectious disease,” “isolation,” “quarantine,” and “sexually transmitted disease” are defined at § 26-6-2.

(3) “Convicted sexual offender,” “HIV infection,” “HIV positive individual,” “notice,” “positive,” “sexual offense,” “test,” and “testing” are defined at §§ 76-5-501 and 76-10-1310.

(4) “Designated agent,” “disability,” “emergency medical services agency,” “emergency medical services provider,” and “significant exposure” are defined at § 26-6a-1.

(5) “Disease,” as it pertains to disease testing and workers’ compensation, includes AIDS and HIV. § 26-6a-1.

(6) HIV is defined at § 78-29-101.

(7) “Stigmatized,” as it pertains to real estate, includes infection or suspected infection with HIV or any other infectious disease. § 57-1-1.

(8) “Test” and “testing,” as they pertain to testing of prisoners for AIDS and HIV infection, are defined at § 64-13-36.

CRIMINAL LAW

(1) An individual who is convicted of prostitution, patronizing a prostitute, or sexual solicitation, who is HIV positive, and who has actual knowledge and personal written notice of the positive test result (see Definitions (2)) from a law enforcement agency (see Testing & Reporting (7)) is guilty of a felony in the third degree. § 76-10-1309.

(2) Any person who breaches the confidentiality of test results due to a significant exposure by an emergency medical services

provider (see Definitions (4)) (see Testing & Reporting (12) and (14)) is guilty of a class B misdemeanor. § 26-6a-7.

Testing & Reporting (4), (5), (6), (7), (8), (9), (10), (11), (16)

EDUCATION

(1) The State Board of Education curriculum requirements shall include instruction in the prevention of communicable diseases (see Definitions (1) and (2)). The instruction shall stress the importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods of prevention of communicable diseases. § 53A-13-101.

Testing & Reporting (4)

EMPLOYMENT

(1) An emergency medical services provider (see Definitions (4)) who claims a disease (see Definitions (5)) as a result of significant exposure (see Definitions (4)) in the performance of duties is presumed to have contracted the disease by accident during the course of duties if: the emergency medical services provider was employed prior to July 1, 1988, and tested positive during, or within three months of termination of, employment; or, if employed after July 1, 1988, tested negative both at time of employment and three months later and tested positive at termination of employment or within three months after termination of employment. § 26-6a-10.

Testing & Reporting (12), (13), (14), (16), (17)

HOUSING

(1) The failure of an owner of real property to disclose that the property being offered for sale is stigmatized (see Definitions (7)) is not a material fact that must be disclosed in the transaction of real property. Neither an owner nor his agent is liable for failing to disclose that the property is stigmatized. § 57-1-37.

INSURANCE

RESEARCH

Testing & Reporting (2)

SOCIAL & MEDICAL SERVICES

(1) Consent to medical care by a hospital, public clinic, or licensed physician, which is executed by a minor who is or professes to be afflicted with a sexually transmitted disease (STD) (see Definitions (2)), shall have the same legal effect as consent given by a person of full legal age and capacity. The consent of the minor shall not be subject to later disaffirmance, and no other person's consent is necessary to authorize hospital, clinical care, or other services. A minor's consent is valid regardless of whether the minor is ultimately determined to be infected with an STD. § 26-6-18.

Criminal Law (2)

Testing & Reporting (1), (3), (4), (5) (6), (7), (11), (12), (13), (14), (15), (17)

TESTING & REPORTING

(1) The Department of Health (Department) requires reporting of AIDS and HIV infection due to the nature and consequences of such infections. In addition, the Department shall use methods of partner identification and notification. § 26-6-3.

(2) Research studies funded in whole or in part by state grants need not report cases of AIDS or HIV infection if anonymity is required in order to obtain the research grant or carry out the research. § 26-6-3.

(3) The Department may allow one site or agency within the state to provide anonymous testing for HIV. The site or agency shall maintain accurate records pertaining to the number of HIV positive individuals (see Definitions (3)), the number of HIV positive individuals who receive counseling, and the number of HIV positive individuals who provide information for partner notification or for whom partner notification is carried through. A statistical report of information pertaining to anonymous test sites shall be presented annually to the

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Legislative Interim Health Committee. The report shall preserve the anonymity of the individuals whose records are contained therein. § 26-6-3.

(4) The Department shall test (see Definitions (8)) or provide testing for all prisoners upon admission to a correctional facility or within a reasonable period after admission. At the time the test results are provided, the Department shall also provide education and counseling on AIDS and HIV infection. The Department has authority to take action as medically indicated with regard to any prisoner who is HIV positive. HIV positive prisoners may not be excluded from common areas of the prison solely on the basis of their condition unless such exclusion is necessary for the protection of the general prison population or staff. § 64-13-36.

(5) The Department shall cooperate with local health departments, the Department of Corrections, the Administrative Office of the Courts, the Division of Youth Corrections, and the Crime Victims Reparations Board to conduct HIV testing of convicted sexual offenders (see Definitions (3)) and victims of sexual offenses (see Definitions (3)). §§ 26-1-30 and 26A-1-114. A local health department may investigate infectious diseases and implement measures to control the causes of epidemic and communicable diseases (see Definitions (2)) and other conditions significantly affecting the public health that may include involuntary HIV testing for convicted sexual offenders and voluntary HIV testing for victims of sexual offenses. § 26A-1-114.

(6) A person who has entered a plea of guilty, no contest, guilty and mentally ill, or not guilty by reason of insanity, or who has been found guilty of a sexual offense or an attempted sexual offense, shall be required to submit to a mandatory HIV test upon the request of the victim or the parent or legal guardian of a minor victim within six months of the conviction. The court shall order the convicted sexual offender to submit to the test upon sentencing or as a condition of probation. The order to the convicted sexual offender shall not include the identity and address of the victim requesting the test. The court shall forward the order to the Department, including separate information about the victim's identity and address for notification and counseling purposes. The person tested shall be responsible for the testing cost

unless the person is indigent, in which case the costs will be paid by the Department. § 76-5-502.

(7) A person who has entered a plea of guilty, no contest, or guilty and mentally ill, or who has been found guilty of prostitution, patronizing a prostitute, or sexual solicitation shall be required to submit to a mandatory HIV test (see Criminal Law (1)). The mandatory test shall be required and conducted prior to sentencing. The local law enforcement agency shall collect and retain in the offender's medical file: the HIV infection test results, a copy of the written notice (see Definitions (3)) to the offender, photographic identification, and fingerprint identification. The person tested shall be responsible for testing costs unless the person is indigent, in which case the costs will be paid by the local law enforcement agency or the Department of Corrections. § 76-10-1311. If convicted, the test subject shall be notified of the test results in person at the sentencing hearing in the presence of the judge and counsel only. Whenever possible, the offender shall be served personally with written notice in a meeting with the local law enforcement agency prior to notification in the district court. A person from the state or county health department shall also be present at the meeting. The notice shall state the date of the test, the positive test result, the name of the HIV positive individual, and that the person is guilty of a felony in the third degree. Upon conviction, and as a condition of probation, the offender shall receive treatment and counseling for HIV infection. § 76-10-1312.

(8) A victim or minor victim of a sexual offense may request to be tested for HIV. The local health department shall obtain a blood specimen from the victim and forward the specimen to the Department, which shall analyze the specimen. The testing shall consist of a base-line test of the victim at the time immediately or as soon as possible after the alleged occurrence of the sexual offense. If the base-line test result is not positive, follow-up testing shall occur at three months and six months after the alleged occurrence of the sexual offense. The Crime Victims Reparations Fund shall pay for the costs of victim HIV testing if the victim provides a substantiated claim of a sexual offense, does not test positive at the base-line phase, and complies with eligibility criteria established by the Crime Victims Reparations Act. § 76-5-503. A victim of a sexual offense who requests victim testing may be reimbursed for the cost of the HIV test only as provided in the Crime Victims Reparations Act. § 63-63-16.

(9) Victims of sexual offenses shall be informed of their right to request voluntary HIV testing for themselves and to request mandatory HIV testing of the convicted sexual offender. The law enforcement office where the sexual offense is reported shall have the responsibility of informing victims of this right. § 77-37-3.

(10) HIV testing may be conducted on a minor taken into custody after having been adjudicated to have committed a sexual offense, upon the request of the victim or the parent or guardian of a minor victim. HIV tests, photographs, and fingerprints may not be taken of a minor younger than fourteen years of age. § 78-3a-55.

(11) The Department shall provide the victim who requests HIV testing of the convicted sexual offender with counseling on HIV and referral for appropriate health care and support services. If the local health department where the victim resides and the Department agree, the Department shall forward a report of the convicted sexual offender's HIV status to the local health department, and the local health department shall provide the victim with the test results, counseling regarding HIV, and referral for appropriate health care and support services. § 76-5-504.

(12) An emergency medical service provider (see Definitions (4)) who has significant exposure (see definitions (4)) in the process of caring for a patient shall document that exposure (see Employment (1)). The hospital or health care facility that receives the patient shall request that the patient submit to testing. The patient shall be informed of the right to refuse testing. § 26-6a-2. Consent for blood testing of a patient who is the subject of a reported significant exposure to AIDS or HIV, and who is unconscious or incapable of giving consent, may be obtained from the patient's next of kin or legal guardian. No consent is necessary when a patient, who is the subject of a reported significant exposure, dies prior to admission to or discharge or release from a facility without having an opportunity to consent to blood testing. § 26-6a-3.

(13) For emergency medical services providers, blood tests to determine the presence of HIV must be conducted by the State Health Laboratory. § 26-6a-4. The State Health Laboratory shall report test results to specified officials in the Department and those officials shall report the test results to the appropriate emergency medical services agency's (see Definitions (4)) designated agent (see Definitions (4)). The designated agent shall report the test results to the appropriate emergency

medical services provider. The Department or its designee shall report the test results to the patient. In making a report to a designated agent or to the emergency medical services provider, a case number shall be used instead of the patient's name. § 26-6a-5. The test results are confidential unless released by written consent of the patient or the patient's representative and may not be made public upon subpoena, search warrant, or discovery proceedings. § 26-6a-6.

(14) A blood sample for an HIV test used to determine whether an emergency medical services provider has been infected with the virus must be drawn by a physician, registered nurse, practical nurse, laboratory technician, phlebotomist, staff designated by a medical examiner's office, or other persons authorized to draw blood by statute. The emergency medical services agency that employs the emergency medical services provider who requests the HIV testing is responsible for the cost of testing. The facility receiving the patient is responsible for the cost of drawing blood for testing patients who are the source of a significant exposure. § 26-6a-4.

(15) Unless counseling is specifically declined by the patient, pretest counseling, notification of test results, and post-test counseling shall be provided to all patients tested for AIDS or HIV because of a significant exposure of an emergency medical services provider to HIV. All pretest counseling shall be provided by the hospital, health care, or other facility that receives the patient. Notification of test results and post-test counseling shall be provided by the Department of Health or its designee. The appropriate emergency medical services agency is responsible for the costs of counseling. § 26-6a-8.

(16) Employees of a laboratory who conduct blood analysis for the presence of HIV pursuant to a request by a law enforcement agency or the Department of Corrections may be examined in a legal proceeding as to: the nature of the testing, the validity of the test results, the HIV positivity or negativity of the person tested, who has been in possession of the blood sample, and other factors relevant to the prosecution, subject to the court's ruling. This section applies only to the criminal prosecution of crimes with enhanced penalties upon conviction for prostitution, patronizing a prostitute, or sexual solicitation (see Criminal Law (1)). § 76-10-1314.

(17) An emergency medical services provider or public safety officer significantly exposed during the course of performing emergency medical services, emergency medical assistance, or first aid may petition the district court for an order requiring the person who caused the significant exposure to be tested for HIV (see Definitions (6)). The emergency medical services provider or the public safety officer seeking the testing must submit to a test for HIV within ten days of the petition. The district court shall issue a testing order on the finding of significant exposure, that it was in the course of duty of the person seeking the test, and that there is no substantial reason, relating to the life and health of the individual, not to enter the order. The test results shall be transmitted to the Department and the Department shall inform the emergency medical services provider or public safety officer and the person tested of the results and advise both parties of the confidential nature of the test results. § 78-29-102.

Criminal Law (1), (2)

Employment (1)

MISCELLANEOUS

(1) Marriages that had been rendered invalid by a subsequently repealed provision that prohibited and declared void marriage with a person with AIDS are declared lawful in all respects, as if the marriage had been legally contracted in the first place. § 30-1-2.3.

(2) Professional boxers must produce evidence based on competent laboratory examination that they are HIV negative as a condition of participating as a professional contestant in any boxing match. § 58-66-605.

VERMONT

All citations are to “Vt. Stat. Ann. tit.” unless otherwise noted.

DEFINITIONS

(1) The term “comprehensive health education” includes the study of disease, such as HIV infection and other sexually transmitted diseases (STDs). 16, § 131.

(2) “Venereal disease” means syphilis, gonorrhea, and any other STD which the Department of Health finds to be significant and amenable to control. 18, § 1091.

CRIMINAL LAW

Social & Medical Services (1), (2)

Testing & Reporting (3)

EDUCATION

(1) School districts and educational institutions shall not request or require any applicant or prospective or current student to have an HIV-related blood test, nor shall such institutions discriminate against an applicant or prospective or current student on the basis of the person having tested positive for HIV. 18, § 1127.

(2) The Department of Education shall provide assistance to school districts in creating comprehensive health education (see Definitions (1)) instruction. 16, § 135. Any pupil whose parent shall present to the school principal a signed statement that the teaching of disease, its symptoms, development, and treatment conflicts with the parent’s religious convictions shall be exempt from such instruction, and no child so exempt shall be penalized by reason of that exemption. 16, § 134.

(3) The Board of Health shall conduct an educational campaign on methods for the prevention, treatment, and care of persons suffering from venereal diseases (see Definitions (2)). 18, § 1097.

EMPLOYMENT

(1) The following behavior by an employer constitutes an unfair labor practice: to request or require an applicant, prospective employee, or employee to have an HIV-related blood test or to discriminate against an applicant, prospective employee or employee because that person is HIV positive. 3, § 961.

(2) Except where a bona fide occupational qualification requires employment of persons of a particular race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, or physical or mental condition, it is unlawful for an employer, employment agency, labor organization, or person seeking employees to discriminate, indicate a preference or limitation, refuse to classify or refer, or to limit or segregate membership, on the basis of a person testing positive for HIV. 21, § 495.

HOUSING

INSURANCE

(1) Making adverse underwriting decisions because medical records or an insurance support organization's report reveal that an applicant or insured person has demonstrated concern about AIDS by seeking counseling from health care professionals constitutes an unfair method of competition or an unfair or deceptive act in the insurance business. 8, § 4724.

(2) The Department of Social Welfare, in cooperation with the Department of Health, shall develop and implement an HIV/AIDS insurance assistance program. The program shall pay all or a portion of private health insurance premiums for eligible individuals with HIV or AIDS for whom it can be determined that continuation of private insurance coverage is less costly to the state than other alternatives. Eligibility is limited to individuals whose household income does not exceed 200 percent of the federal poverty level, after deducting unreimbursed medical expenses and health insurance premiums from gross income, and whose assets, exclusive of the primary residence and certain other exclusions to be defined by the Department of Social Welfare, do not exceed \$10,000.00. 1995 Vt. Laws 63.

RESEARCH

SOCIAL & MEDICAL SERVICES

(1) The Special Joint Legislative Investigative Committee shall investigate as to the prevalence of serious medical illness, including AIDS, among inmates residing in facilities operated by the Department of Corrections. 1994 Vt. Laws 224.

(2) Whenever the Board of Health shall receive information from an authoritative source that a person is suspected of being infected with an infectious venereal disease (see Definitions (2)) and is likely to infect or to be the source of infection of another person, the Board of Health shall cause a medical examination to be made of such person for the purpose of ascertaining whether or not such person is in fact infected with such disease in a communicable stage. The person shall submit to such examination and permit specimens of blood or bodily discharges to be taken for laboratory examinations as may be necessary to establish the presence or absence of such disease or infection, and such person may be detained until the results of such examinations are known. 18, § 1093. The person may petition a justice of the supreme court or a superior judge for an order restraining the making of such examination and no examination shall then be made except upon order of such justice or judge and such petition and order shall not be a matter of public record. Before such examination, each suspected person shall be informed of this right and be given an opportunity to avail himself thereof. 18, § 1094. A person who violates these provisions, for which no other penalty is provided, shall be fined not more than \$500.00 or imprisoned for not more than six months or both. 18, § 1096.

(3) The Board of Health shall provide at the expense of the state, facilities for the free laboratory examination of material from suspected cases of venereal disease, and shall furnish hospitalization and other accredited specific treatment at cost or free to such clinical patients as the Board shall deem entitled to such aid. 18, § 1098.

Insurance (1), (2)

Testing & Reporting (1), (2), (4)

TESTING & REPORTING

(1) No state court shall issue an order requiring the disclosure of HIV-related testing or counseling information which identifies the individual test subject unless the court finds that the person seeking the information has demonstrated a compelling need for such information that cannot be accommodated by other means. Pleadings pertaining to disclosure of HIV-related testing and counseling shall substitute a pseudonym for the true name of the test subject. The subject's true name shall be communicated confidentially to the court and to those parties who have a compelling need to know the subject's true name. All documents filed with the court identifying the subject's true name shall not be disclosed to any person other than those parties who have a compelling need to know the subject's true name. All such documents shall be sealed upon conclusion of the proceedings. Proceedings shall be conducted in camera unless the test subject agrees to a public hearing or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice. Upon issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure. 12, § 1705.

(2) No health care provider or facility shall request or require any applicant for care or services or any client or patient to have an HIV-related blood test as a condition for receiving unrelated treatment or services. Such provider or facility shall not discriminate against any applicant, client, or patient on the basis of a person's having a positive test result from an HIV-related blood test. Health care providers or facilities shall not be precluded from recommending testing for medically appropriate diagnostic purposes or from administering to clients or patients who consent to have an HIV-related blood test. 18, § 1128.

(3) All information and reports in connection with persons suffering from venereal diseases (see Definitions (2)) shall be regarded as absolutely confidential and for the sole use of the Board of Health in the performance of its duties (see Social & Medical Services (2)), and such records shall not be accessible to the public nor shall such records be deemed public records. The Board of Health shall not disclose the names or addresses of persons so reported or treated. 18, § 1099.

(4) The superintendent or other officer in charge of public institutions such as hospitals, dispensaries, clinics, homes, asylums, and

charitable and correctional institutions shall report promptly to the Board of Health the name, sex, age, nationality, race, marital state and address of every patient under observation suffering from venereal diseases in any form, stating the name, character, stage and duration of the infection, and, if obtainable, the date and source of contracting the same. 18, § 1101.

Education (1)

Employment (1), (2)

Social & Medical Services (2), (3)

MISCELLANEOUS

VIRGINIA

All citations are to “ Va. Code Ann.” unless otherwise noted.

DEFINITIONS

- (1) “Communicable diseases,” as they pertain to emergency medical services patient care, include HIV among the enumerated diseases. § 32.1-116.3.
- (2) “Exposure prone incident” and “public safety agency” are defined at § 32.1-45.2.
- (3) “Gametes” is defined at § 32.1-45.3.
- (4) “Health care provider,” is defined at § 32.1-45.1.

CRIMINAL LAW

- (1) The donation, sale, or attempted sale of blood, body fluids, organs, or tissues, with knowledge that the donor is infected with HIV and that such materials may transmit the infection, is a felony. Infected blood, body fluids, organs and tissues may be donated for research purposes. § 32.1-289.2.

Testing & Reporting (1), (9), (10)

EDUCATION

- (1) The Board of Education’s family life education curriculum guidelines for grades kindergarten through twelve shall include age-appropriate instruction in the value of postponing sexual activity, human sexuality, and prevention and effects of sexually transmitted diseases. The instruction shall be designed to promote parental involvement, foster positive self concepts, and provide mechanisms for coping with peer pressure and the stress of modern living. § 22.1-207.1.
- (2) Each school board shall adopt guidelines for school attendance for children infected with HIV, consistent with the model guidelines developed by the Board of Education and the Board of Health. § 22.1-271.3.
- (3) Virginia public colleges and universities, in cooperation with the State Council of Higher Education and the Department of

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Health, shall develop and implement education programs for college students on the etiology, effects, and prevention of HIV infection. The State Council of Higher Education shall encourage private colleges to develop similar programs. § 23-9.2:3.2.

(4) The Board of Health's AIDS services and education grants program may award grants for direct patient services including but not limited to mental, home, and community based health services and broad-based community AIDS education efforts including but not limited to education of high-risk populations, street outreach efforts, and improvement of public knowledge about AIDS. § 32.1-11.1.

(5) Every person empowered to issue a marriage license shall, at the time of issuance, distribute to the applicants information, furnished by the Department of Health, concerning AIDS and the available tests to determine the presence or absence of the disease. § 20-14.2.

Social & Medical Services (2)

EMPLOYMENT

(1) The right to workers' compensation for symptomatic or asymptomatic HIV or AIDS as an occupational disease shall be forever barred unless a claim is filed with the Insurance Commission within two years after a positive HIV test. § 65.2-406.

Social & Medical Services (2), (5)

Testing & Reporting (2), (5), (6)

HOUSING

(1) No cause of action shall arise against an owner or a real estate licensee for failure to disclose that the occupant of real property is infected with HIV. § 55-524.

Education (4)

Social & Medical Services (3), (6)

INSURANCE

(1) The Insurance Commission may regulate insurer's practices with regard to AIDS or HIV, including advertising,

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underwriting practices, policy provisions, claim practices, or other practices with regard to individual or group life insurance and annuities or individual or group accident and sickness insurance delivered or issued for delivery in Virginia. §§ 38.2-3100.1, 38.2-3401.

Employment (1)

Social & Medical Services (5)

Testing & Reporting (4)

RESEARCH

Criminal Law (1)

Testing & Reporting (3), (4)

SOCIAL & MEDICAL SERVICES

(1) Agencies within the Secretariat of Health and Human Resources shall review their regulations and policies to ascertain and eliminate any discrimination against individuals infected with HIV. § 2.1-51.14:1.

(2) The Board of Health shall provide grants for no more than five regional AIDS resource and consultation centers and four HIV early intervention centers. Each regional AIDS resource and consultation center shall: educate health care professionals on AIDS-related issues, provide clinical training for health care practitioners and students, provide medical consultations for community physicians and other health care providers (see Definitions (4)), provide current technical medical materials such as manuals and protocols, and offer support services and case-management for HIV-infected persons. The regional AIDS resource and consultation centers shall cooperate with at least one of Virginia's medical schools. Each early intervention center shall provide medical care and support services to HIV positive persons. The Board of Health shall establish criteria for the awarding of grants which shall include but not be limited to: targeting of funds to high-risk populations, providing equal access to services throughout Virginia, apportioning funds according to the number of AIDS cases in the various areas of the state, developing innovative and flexible methods of treatment, and encouraging community involvement. § 32.1-11.2.

(3) The Commissioner of Health may approve the issuance of a certificate of public need for a project of expansion in an existing nursing facility, for any project for the conversion on-site of existing licensed beds to beds certified for skilled nursing services, or for the conversion of existing beds in an adult care residence to beds certified as nursing facility beds when: the total number of beds to be converted or added does not exceed the lesser of twenty beds or ten percent of the beds in the facility, the facility demonstrates that the beds are specifically needed for AIDS patients and that such patients otherwise will not have reasonable access to services in existing approved facilities, and the facility commits itself to admitting such patients on a priority basis once the facility is certified and operational. § 32.1-102.3:2.

(4) The Director of Medical Assistance Services is authorized to negotiate and enter into agreements for services rendered on behalf of patients with special needs, including persons with AIDS. The Board of Health shall promulgate regulations regarding special needs patients. § 32.1-325.

(5) The Board of Medical Assistance Services shall use funds from the Ryan White Comprehensive AIDS Resources Emergency CARE Act to implement a premium assistance program for HIV-positive individuals. The program shall at minimum: pay health insurance premiums for individuals who are not eligible for Medicaid and who can document HIV infection, inability to work for medical reasons, and eligibility to continue their employer's group policy pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985; implement financial eligibility criteria; and cover family members if the HIV-positive person's policy is the sole source of health insurance. The funds used for the program shall not be used to pay deductibles or copayments. § 32.1-330.1.

(6) The Department of Social Services may issue a license to a facility for an adult care residence if the facility: is located in a city having a population of between 200,000 and 205,000, is established to care exclusively for people living with AIDS, particularly those living with end-stage disease, is operated by a nonprofit organization providing services to HIV-infected individuals, has obtained funding from the Department of Housing and Urban Development prior to January 1, 1994, has a written agreement with one or more Virginia-licensed home

health agencies for the provision of intravenous therapy to residents, has been licensed, and is in compliance with all local zoning requirements. 1994 Va. Acts 943.

Criminal Law (1)

Education (2), (4)

Insurance (1)

Testing & Reporting (1), (2), (3), (4), (5), (6), (7), (8), (9), (11)

TESTING & REPORTING

(1) As soon as possible after a conviction for a sexual offense or crimes against nature, a convicted person is required to submit to HIV testing. The Department of Health shall counsel the person concerning the meaning of the test, AIDS, AIDS transmission, and prevention of HIV infection. Confirmatory tests shall be performed before any result is determined to be positive. Test results shall be confidential and shall be disclosed only to the test subject and to the Department of Health. The test results shall not be admissible in any criminal proceedings related to prostitution. The state shall pay the cost of testing. § 18.2-346.1.

(2) Any physician practicing in the state shall report the identity of any patient who has tested positive for HIV to the local health department. The physician has no duty to notify any other third party. The Commissioner of Health may disclose the patient's identity and disease to the patient's employer if the Commissioner determines that the patient's employment responsibilities require contact with the public and such contact constitutes a threat to the public health. § 32.1-36.

(3) The results of every HIV test shall be confidential. Test information may only be released to: the test subject or a legally authorized representative; a person designated in a release by the test subject; health care providers for the purposes of caring for the test subject or the test subject's child if the test subject is a woman who has given birth to an HIV-infected child; the Department of Health; health care facility staff committees which monitor, evaluate, or review services; researchers; a person given access by court order; a facility which procures, possesses, distributes, or uses blood, other body fluids, tissues, or organs; the parent or legal guardian of a test subject who is a minor; the spouse of a test subject; and departments of health outside the state for

the purposes of disease surveillance and investigation. A person who willfully or through gross negligence makes an unauthorized disclosure will be assessed a civil penalty by the court. The subject of an unauthorized disclosure may recover actual damages, reasonable attorney's fees and court costs. § 32.1-36.1.⁸⁰

(4) A test subject shall be given an oral or written explanation of the meaning of the test. The test subject shall then give informed consent to the testing. Informed consent shall be deemed to have been obtained when an individual: seeks the services of a facility offering anonymous testing, donates or sells blood, or undergoes routine diagnostic blood testing and anonymous HIV seroprevalence studies are conducted. Every HIV test subject shall be given the opportunity to have the test results disclosed on an individual face-to-face basis and with appropriate counseling. Appropriate counseling may include but shall not be limited to: the meaning of the test results; the need for additional testing; the etiology, prevention, and effects of AIDS; the availability of appropriate health care, mental health care, and social services; and the need to notify any person who may have been exposed to the virus and of the availability of assistance in notification. When blood collection agencies conduct the testing, an opportunity for face-to-face counseling is not required. For persons applying for accident, sickness, or life insurance, who are subject to HIV testing, the State Corporation Commission shall set forth regulations requiring insurers to: explain the meaning of the tests, obtain informed consent, and adhere to certain disclosure and counseling requirements. § 32.1-37.2.

(5) When a health care provider (see Definitions (4)) or employee of a health care provider is directly exposed to body fluids of a patient in a manner which, according to the guidelines of the Centers for Disease Control (CDC), may transmit HIV, the patient whose body fluids were involved in the exposure is deemed to have consented to HIV testing. Likewise, when a patient is directly exposed to body fluids of a health care provider in a manner which, according to CDC guidelines, may transmit HIV, the health care provider whose body fluids were involved in the exposure shall be deemed to have consented to HIV testing. Persons whose body fluids were the source of the exposure shall

80. See *R F & P Corp. v. Little*, 440 S.E.2d 908 (Va. 1994) (suggesting that violations of provisions such as this one need be proven only by a preponderance of evidence).

also be deemed to have consented to the release of the test results to the person who was exposed. The Department of Health shall provide appropriate counseling and an opportunity for face-to-face disclosure of test results to exposed individuals. § 32.1-45.1.

(6) If, in the course of employment, an employee of a public safety agency (see Definitions (2)) is involved in a possible exposure prone incident (see Definitions (2)), the employee shall immediately notify the agency of the incident. If the agency, after reviewing the facts, finds that an exposure prone incident may have occurred, the agency shall request that the person whose body fluids were involved give informed consent to HIV testing and authorize disclosure of the test results. If the person whose body fluids were involved is deceased, the agency shall request that the custodian of the remains preserve a blood sample and that the decedent's next of kin provide informed consent to HIV testing. A person involved in a possible exposure prone incident with an employee of a public safety agency shall have the same opportunity to seek testing through the agency. If informed consent is refused, the exposed person or the agency may petition the court of the city or county of the public safety agency's principal office to determine whether an exposure prone incident occurred and to order testing and disclosure of the test results. The District Health Director shall be informed of the test results and shall be responsible for informing the parties and counseling them. The test results shall be confidential. No person shall be refused services by a public safety agency on the grounds that the person is known or suspected to be HIV positive. Failure to consent or to request consent, in the context of HIV testing because of an exposure prone incident with an employee of a public safety agency, shall not give rise to liability. § 32.1-45.2.

(7) A person using donor gametes (see Definitions (3)) to treat patients for infertility by any gamete, zygote, or embryo transfer or other intervening medical technology using sperm or ova shall, prior to using any donor gametes for such procedures, test the donor for HIV. The Board of Health shall establish a testing protocol for gamete donors. § 32.1-45.3. Before a physician commences in vitro fertilization or gamete intrafallopian tube transfer, a disclosure form shall be signed by the patient. The information disclosed to the patient prior to signature shall include the testing protocol used to ensure that the gamete donors are free from known HIV infection. § 54.1-2971.1.

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(8) The Board of Health shall make available anonymous HIV testing sites in all areas of the state. § 32.1-55.1.

(9) Every licensed health care facility which transfers or receives patients via emergency medical services ambulances or mobile intensive care units shall notify the emergency medical services agency of the name and telephone number of the person in the facility who is responsible for infection control and investigation of exposure to infectious diseases. All licensed emergency medical services agencies in the state shall likewise inform all facilities to which or from which they transport patients of the names and telephone numbers of their communicable diseases liaison officers. Every licensed emergency medical services agency shall implement universal precautions. When transferring any patient known to suffer from a communicable disease (see Definitions (1)) which, in the physician's or infection control practitioner's judgment, presents a risk to the transporting emergency medical services personnel or to subsequent patients that may be transferred in the same vehicle, the transferring facility shall inform the attendant in charge of the transferring crew of the condition of the patient and the precautions to be taken to prevent the spread of disease. The identity of the patient shall remain confidential. If any firefighter, law enforcement officer, emergency medical services technician, or paramedic has an exposure of blood or body fluid to mucous membrane, non-intact skin, or a contaminated needlestick injury, the communicable disease liaison officer shall be notified, a report completed, and the infection control practitioner at the receiving facility notified. The infection control practitioner shall conduct an investigation and recommend a course of action. The receiving facility does not have a duty to perform tests beyond those necessary for the medical management of the patient delivered by the emergency medical services agency. Any person requesting or requiring an employee of a public safety agency to arrest, transfer, or otherwise exercise custodial supervision over an individual known to the requesting person to be infected with any communicable disease shall inform the public safety agency employee of a potential risk of exposure to a communicable disease. The chief medical person at a local or state correctional facility which transfers patients known to have a communicable disease shall be responsible for notifying the emergency medical services agency providing transportation of a potential risk of exposure to a

communicable disease. Any person who, as a result of emergency medical services transportation, becomes aware of the identity or condition of a person suffering from a communicable disease shall keep such information confidential, except where disclosure is expressly authorized. No person known to suffer from any communicable disease shall be refused transportation or service for that reason by an emergency services, law enforcement, or public safety agency. § 32.1-116.3.

(10) The disclosure of HIV test results of anyone under the supervision of the Department of Corrections shall not be permitted, except as provided under the provision pertaining to confidentiality of HIV test results (see Testing & Reporting (3)). § 53.1-40.10.

(11) As a routine component of prenatal care, every licensed practitioner who renders prenatal care shall advise every pregnant patient of the value of HIV testing and shall request that every pregnant patient consent to HIV testing. The confidentiality, informed consent, counseling, and test results disclosure requirements shall apply to any prenatal HIV testing. Practitioners shall counsel HIV-positive pregnant women about the dangers to the fetus and the advisability of receiving treatment in accordance with the Centers for Disease Control recommendations for HIV-positive pregnant women. A pregnant woman shall have the right to refuse consent to HIV testing and to any recommended treatment. Documentation of such refusal shall be maintained in the patient's medical record. § 54.1-2403.01.

Education (5)

Employment (1)

Insurance (2)

MISCELLANEOUS

VIRGIN ISLANDS

All citations are to “V.I. Code Ann. tit.” unless otherwise noted.

DEFINITIONS

- (1) “HIV” and “sexual offense” are defined at 5, § 3910.

CRIMINAL LAW

- Testing & Reporting (1), (2)

EDUCATION

- (1) All public schools in the Virgin Islands shall instruct students in AIDS prevention as part of the Health curriculum for grades kindergarten through twelve. 17, § 41.

EMPLOYMENT

- Testing & Reporting (2), (3)

HOUSING**INSURANCE****RESEARCH****SOCIAL & MEDICAL SERVICES**

- Testing & Reporting (1), (2), (3)

TESTING & REPORTING

- (1) In all cases in which a defendant has been convicted of a sexual offense (see Definitions (1)), the prosecutor shall advise the victim of the victim’s right to request HIV (see Definitions (1)) testing of the convicted person’s blood. To assist the victim in determining whether or not to make the request, the prosecutor shall refer the victim to the Department of Health for pretest counseling to help the victim understand the extent to which the circumstances of the offense may have created a

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risk of HIV transmission, to ensure that the victim understands the benefits and limits of current HIV tests, and to help the victim decide whether to request such a test. When a person has been convicted of a sexual offense, the court, at the request of the victim, shall issue a warrant for the purpose of testing the convicted person's blood for HIV. The Commissioner of Health shall make provisions for administering all HIV tests ordered under this provision. Before disclosing the initial reactive result to the victim or the convicted perpetrator, all blood tests must be subjected to the appropriate confirmatory tests (e.g. Western Blot antigen tests) in order to ensure the accuracy of the initial test results (e.g. ELISA screening tests). The Chief Public Health Official or a designee shall disclose the test results to the victim and to the test subject and shall also provide for appropriate counseling and case management. Upon request, the victim shall receive HIV testing and referral for appropriate health care and support services. When the victim has requested the testing by court order, the Chief Public Health Official shall deliver the tests results to the court in a sealed envelope. The judge shall then disclose the convicted person's test results to the victim. Any government official who informs an individual of HIV test results or discloses any information pursuant to this section shall be immune from civil liability. 5, § 3911. If the initial testing is conducted within the first two years of a convicted person's imprisonment, the request for disclosure is considered a standing request for any subsequent HIV test results obtained within two years after the initial HIV test is performed. The request need not be repeated for each HIV test administered. If the HIV test is performed by an instrumentality other than the Department of Health, that instrumentality shall be responsible for forwarding the test results to the Department of Health for disclosure to the person requesting the test results. 5, § 3912.

(2) Each physician who diagnoses or treats a person for HIV or AIDS and each laboratory that performs an HIV test with either a positive or a negative result shall report such facts to the Commissioner of the Department of Health or an authorized representative. The Commissioner shall promulgate rules and regulations to ensure the confidential reporting of such information. In addition, the Commissioner shall require a minimum time period for reporting cases of HIV infection and may require physicians reporting cases of HIV infection to provide sufficient information to identify the patient if the

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patient has consented to such disclosure for the express purpose of partner notification. All information and records held by the Department of Health or its authorized representatives, hospitals, or other medical facilities relating to known or suspected cases of AIDS or HIV shall be strictly confidential. Release may only be made under the following circumstances: with consent of all persons to which the information applies; for statistical purposes, as long as no person can be identified; to medical personnel, courts of appropriate jurisdiction, or territorial or state agencies for enforcement purposes; or to protect the life or health of a third party who provided assistance in an emergency or life threatening situation. Except in a civil or criminal proceeding where the question of infection is put to issue, no employee of the Department of Health, a hospital, or other medical facility shall be examined in a civil, criminal, special, or other proceeding as to the existence or contents of the records of a person examined or treated for AIDS or HIV without the consent of the person examined or treated for such disease. Any person who violates the provisions of this section with respect to the confidentiality of persons tested for AIDS or HIV may be terminated from his or her position of employment and may be fined up to \$3,000 for each offense of unauthorized disclosure. No employee of the Department of Health, a hospital, or other medical facility shall be held liable in a civil or criminal action for revelation of such information when disclosed through testimony in a civil or criminal proceeding. 19, § 32a; 19, § 32c.

(3) The Department of Health may interview any person determined to be infected with HIV as per confirmatory blood test, or anyone directly named as being HIV infected by a similarly infected individual, for the purpose of advising the infected person to submit to HIV counseling, treatment, and/or testing, as appropriate. All information gathered through partner notification shall be held confidential. Anyone violating the rules of this section shall be fined up to \$3,000 for each offense and may be terminated from a position of employment. Any person who is determined to be infected who reveals, for the express purpose of partner notification, the name or names of persons who they perceived to be at risk for HIV infection, especially sexual contacts or needle-sharing partners, shall not be held liable in a civil action for such disclosure, unless the disclosure is made falsely or with reckless disregard for the truth. 19, § 32b.

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AIDS LAW

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MISCELLANEOUS

[VIRGIN ISLANDS]

WASHINGTON

All citations are to "Wash. Rev. Code Ann." unless otherwise noted.

DEFINITIONS

(1) "AIDS counseling," "HIV testing," "pretest counseling," and "post-test counseling" are defined at § 70.24.320.

(2) "Acquired immunodeficiency syndrome" or "AIDS" is defined at § 70.24.017.

(3) "Acquired immunodeficiency syndrome insurance program" is defined at § 74.09.757.

(4) "HIV," "HIV-related condition," "human immunodeficiency virus," "release of test results," and "test for a sexually transmitted disease" are defined at § 70.24.017.

(5) "Sexually transmitted disease" includes AIDS and HIV in § 70.24.017.

(6) "Sexually transmitted disease case investigator" is defined at § 70.24.120.

CRIMINAL LAW

(1) Assault in the second degree, which includes exposing or transmitting HIV to another, or administering to another HIV, with intent to inflict bodily harm, is a Class B felony. § 9A.36.021.⁸¹

(2) Because it is a criminal violation to deliver drug paraphernalia, a Regional Aids Service Network (See Social & Medical Services (3)) may not lawfully authorize the distribution of hypodermic needles. Some persons may be exempt in specific cases. 13 Att'y Gen. 89 (1995). § 69.50.412.

(3) Anyone who knowingly or maliciously disseminates any false information concerning the existence of a sexually transmitted disease (see Definitions (5)) is guilty of a gross misdemeanor. Revealing names of infected persons shall constitute a civil offense unless it is done

81. State v. Stark, 832 P.2d 109 (Wash. Ct. App. 1992) (section not unconstitutionally vague). See also § 70.24.140, which makes it unlawful for persons with sexually transmitted diseases, other than HIV, who have knowledge that they are infected, to engage in sexual intercourse unless the other person knowingly consents.

with a knowing or reckless disregard for the truth. §§ 70.24.022, 70.24.080.

Social & Medical Services (12)

Testing & Reporting (5), (6)

Miscellaneous (3)

EDUCATION

(1) The Office on AIDS, a clearinghouse for all technically correct educational materials related to the treatment, transmission, and prevention of AIDS (see Definitions (2)), shall be created to ensure the availability of accurate information to the work force for dealing with the AIDS epidemic. The Office on AIDS shall coordinate all publicly funded education and service activities. The University of Washington shall provide appropriate training and educational materials. The Office shall assist state agencies as well as employee and professional groups and shall make educational materials available to private employers. §§ 70.24.240, 70.24.250.

(2) The life-threatening dangers of AIDS, its spread, and its prevention shall be taught in the public schools annually and beginning no later than the fifth grade. The Office on AIDS shall provide model curricula, but local school districts may design their own, to be reviewed by the Office of AIDS for medical accuracy. At least one month before teaching AIDS prevention, parents and guardians shall be given an after-hours presentation, and a student's parent or guardian must object in writing in order to remove the student from participation. The curriculum shall teach which behaviors put one dangerously at risk of HIV (see Definitions (4)) infection, including, at minimum, the dangers of intravenous (IV) drug abuse and sexual intercourse, with or without a condom, and shall stress sexual abstinence as the only sure means of preventing sexual transmission of HIV. §§ 28A.230.070, 70.24.220.

(3) Information on HIV transmission and prevention of AIDS shall be reviewed by the Office on AIDS, in coordination with the appropriate Regional AIDS Service Network (see Social & Medical Services (3)), for medical accuracy. The information shall be made available to newly matriculated students at four year higher education institutions, at community and technical colleges, and at publicly operated vocational schools. §§ 28B.10.730, 28B.50.205, 28C.04.600.

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(4) The Superintendent of Public Instruction shall adopt rules that require appropriate education and training on the prevention, transmission, and treatment of AIDS. The Office on AIDS shall assist in developing training and educational material for public school employees. § 70.24.290.

(5) Information directed to the general public and to children in grades kindergarten through twelve providing education regarding sexually transmitted disease (STD) (see Definitions (5)) that is written, published or used by any public entity or that is paid for in whole or in part by public monies shall stress the importance of sexual abstinence, sexual fidelity and avoidance of substance abuse in controlling disease. §§ 70.24.200 to 210.

(6) The common school curriculum covers instruction in health including methods to prevent exposure to and transmission of STDs. § 28A.230.020.

Social & Medical Services (3), (9), (10), (11), (12)

Testing & Reporting (4), (5)

Miscellaneous (6)

EMPLOYMENT

(1) No one may be required to take an HIV test (See Definitions (1)) as a condition of hiring, promotion, or continued employment. No one may discharge or refuse to hire or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment on the basis of the results of an HIV test, unless the job can be shown to present a significant risk of transmitting HIV to others and there exists no means of eliminating the risk by restructuring the job. An HIV positive person must also be disabled by the infection to be eligible for benefits under affirmative action provisions. § 49.60.172

(2) Employers are immune from civil damages in actions involving transmission of HIV to employees or the public except as a result of gross negligence. § 49.60.172.

Education (1), (4)

Social & Medical Services (9)

Testing & Reporting (2), (4)

[WASHINGTON]

Miscellaneous (4)

HOUSING

INSURANCE

(1) Insurance entities that request the results of an HIV test (see Definitions (1)) for underwriting purposes as a condition for obtaining or renewing health insurance, HMO, or other coverage shall provide written material explaining: the HIV test; behaviors that place one at risk; that the purpose is to determine eligibility for coverage; the potential risks of testing; and where to obtain pretest counseling (see Definitions (1)). The applicant's written informed consent shall be obtained. At the same time, the applicant is permitted to designate a health care provider through which positive or indeterminate test results and post-test counseling (see Definitions (1)) may be provided. The test results will only be accessible to personnel handling the application. The applicant shall be informed that post-test counseling is required if the test is positive or indeterminate. If the applicant does not designate a health care provider, positive or indeterminate results are not sent to the applicant but will be given to the local health department who will interpret results and provide post-test counseling. § 70.24.325.

(2) The Department of Social & Health Services may pay, from the acquired immunodeficiency syndrome insurance program (see Definitions (3)), for health insurance coverage with funds appropriated for this purpose on behalf of persons with AIDS who meet Department eligibility requirements and who are eligible for "continuation coverage" under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 or under group health insurance policies. § 74.09.757.

(3) While it is an unfair practice for any person in connection with an insurance transaction or a transaction with a health maintenance organization to cancel or fail or refuse to issue or renew insurance or a health maintenance agreement to any person based on sensory, mental, or physical disability, this shall not apply to actual or perceived HIV infection. §§ 49.60.174, 49.60.178.

Miscellaneous (2)

RESEARCH

SOCIAL & MEDICAL SERVICES

(1) The Center for Volunteerism and Citizen Service may participate in programs and activities including providing information about agencies or individuals working to prevent the spread of HIV and provide health and social services to persons with AIDS. § 43.150.050.

(2) Health care practitioners shall ensure that AIDS counseling (see Definitions (1)) is conducted for pregnant women and persons seeking treatment for a sexually transmitted disease (STD) (see Definitions (5)). AIDS counseling shall be provided to persons in drug treatment programs. § 70.24.095.

(3) The Department of Health shall establish a state-wide system of six Regional AIDS Service Networks. Regional AIDS Service Networks may authorize use of appropriate materials in the prevention or control of HIV infection. State and federal funds shall be allocated to the Office on AIDS (see Education (1)) to be provided to lead counties in each region, which shall prepare, through cooperative efforts of local Health Departments, regional organizational and service plans. Services shall include: voluntary and anonymous counseling and testing; mandatory counseling and testing as required by law; notification of sexual partners of infected persons as required by law; education for the public, health professionals, and high-risk groups; intervention strategies for high-risk groups, possibly including needle sterilization and methadone maintenance; community outreach to runaway youth; case management; and strategies to develop volunteer networks and to coordinate related agencies and relevant information regarding needs particular to a region. A service delivery system shall include case management and a continuum-of-care model, encompassing medical and mental health and social services, with the goal of maintaining AIDS patients in a home-like setting. The University of Washington health science program may establish a center for AIDS education to provide the Office on AIDS with the educational materials required. § 70.24.400.⁸²

(4) The Department of Public Assistance shall obtain a

82. Spokane County Health Dist. v. Brockett, 839 P.2d 324 (Wash. 1992) (needle exchange program does not constitute unlawful distribution of drug paraphernalia).

waiver under the Social Security Act to provide community based long term care services to persons with AIDS who qualify for medical assistance or the limited casualty program for the medically needy, to include respite services. § 74.09.755.

(5) A Long-term Care Commission is created and the previously fragmented efforts of multiple agencies, including the Office on AIDS, shall be coordinated. One purpose of the Long-term Care Commission shall be to establish a range of community-based long-term care services for chronically functionally disabled persons of all ages, including those functionally disabled by AIDS. §§ 74.39.005, 74.39.040.⁸³ State appropriations are provided from the general fund for adult day health services for persons with AIDS. The services shall be provided through a state-only program by a single agency specializing in long-term care for persons with AIDS. 1995 Wa. Ch. 1.

(6) A special limit on reimbursement for nursing staff levels shall apply to a pilot facility designed to meet the needs of persons with AIDS. § 74.46.481.

(7) A Public Health Service Improvement Plan regarding population based services provided by state and local health departments shall be implemented, including efforts to prevent specific communicable diseases such as AIDS. § 43.70.520.

(8) Personal health and protection programs and support services for AIDS are transferred from the Department of Social and Health Services to the Department of Health. § 43.70.080.

(9) The Department of Health shall recommend appropriate education and training for licensed emergency medical personnel relating to the prevention, transmission, and treatment of AIDS, and shall require such education and training for certification or license issuance or renewal. § 70.24.260. Each disciplining authority of health professionals shall adopt rules requiring appropriate education and training for licensees on the prevention, transmission and treatment of AIDS. The Office on AIDS shall work to develop the necessary educational materials. § 70.24.270. The State Board of Pharmacy shall adopt rules that require appropriate education and training. § 70.24.280. Dental hygienists shall be issued a temporary license without examination upon a showing, among other things, that the applicant meets the requirements

83. This provision was reenacted in an expanded version in 1995, but was vetoed by the Governor. See 1995 Wa. Ch. 18.

for AIDS education. § 18.29.190. If a substantial likelihood of exposure to HIV exists in the course of employment, state and local government employees, through the state personnel board and local government units, shall receive appropriate training and education on the prevention, transmission and treatment of AIDS. Law enforcement, correctional, and health care workers shall receive training and education. § 70.24.300. The Department of Health shall adopt rules requiring appropriate education and training of employees of state health care facilities. Such training and education shall be on the prevention, transmission, and treatment of AIDS. Employees subject to training and education under other sections of this chapter are not required to participate. § 70.24.310.

(10) The Legislature finds that the use of psychoactive chemicals is a prime factor in the AIDS epidemic and agrees with the 1987 Resolution of the American Medical Association that chemical dependency is a disease. The Legislature intends to insure that prevention and treatment services are available and provide the financial assistance necessary to enable the Department of Social and Health Services to provide a program of alcoholism and other drug addiction services. In the treatment of alcoholics and other drug addicts, the educational program shall include dissemination of information concerning the consequences of drug use, HIV, and AIDS. §§ 70.96A.011, 70.96A.050.

(11) All persons infected with an STD (see Definitions (5)) or reasonably believed to be infected may be interviewed by the Board of Health or by other state and local health officers. The purpose of the interviews is to investigate the source and spread of the diseases as well as to order infected persons to submit to examination, counseling, or treatment as necessary for the protection of public health and safety. Partners identified by infected persons may also be investigated. § 70.24.022.

(12) State and local health officers or their authorized representatives may examine and counsel persons reasonably believed to be infected with or exposed to an STD. Orders and restrictive measures shall be used as a last resort, when other measures have failed to obtain the subject's voluntary cooperation. The least intrusive measures shall be used first. The burden of proof shall be on the state or local public health officer to show that specific grounds exist for the orders or restrictive

measures and that the orders or measures to be imposed are no more restrictive than necessary to protect the public health. When the state or local public health officer knows or has reason to believe that a person has an STD and is engaging in specific conduct determined by the Board of Health to endanger the public health, the health officer shall conduct an investigation. If satisfied that the allegations are true, the health officer may issue an order, according to the following order of priority: to submit to a medical examination, testing, counseling, treatment, or any combination of these, within a determined period of time not to exceed fourteen days; or to immediately cease engaging in the specified conduct which endangers the health of others, only if clear and convincing evidence shows that the person has been ordered to report for counseling and continues to demonstrate behavior which endangers the health of others. Any restriction shall be detailed, confidential, and in writing. The order shall remain effective for a period not to exceed three months. The person may contest the order within seventy-two hours and appear at a hearing, which shall be closed and confidential unless the person requests a public hearing. If the person does not comply with or contest the order within seventy-two hours, the state or local health officer may request that a warrant be issued by the Superior Court to insure appearance at the hearing, which shall take place within seventy-two hours of the time specified for compliance with the original order. § 70.24.024.⁸⁴ When the procedures enumerated above have been exhausted and the state or local public health officer knows or has reason to believe that the person has an STD and continues to engage in behaviors that present an imminent danger to the public health, the public health officer may bring an action in the Superior Court to detain the person in a facility designated by the Board of Health (see Social & Medical Services (13)) for a period not to exceed ninety days under each order. The period of detention shall be only as long as necessary to complete a program of counseling and education, excluding any coercive techniques or procedures, designed to encourage adoption of nondangerous behavior. While the trial is pending and underway, the health officer will use reasonable noncoercive efforts to get the person to adopt nondangerous behavior. The prosecuting attorney may petition for appropriate court orders, including but not limited to an order to take the person into

84. *State v. Stark*, 832 P.2d 109 (Wash. Ct. App. 1992) (it is not a violation of confidentiality for health officer to inform prosecutor of violation to obtain judicial enforcement).

custody immediately, for a period not to exceed seventy-two hours, and to place the person in a facility designated by the Board of Health. The person shall receive written confidential notice of the order, stating the grounds for issuance. The person may contest the order and appear at a hearing to review the order. If the person contests the order, no invasive medical procedures shall be carried out prior to the hearing. § 70.24.034.⁸⁵

(13) The Board of Health has the authority to designate facilities for the detention and treatment of persons infected with an STD. The Board may designate any facility other than a jail or a correctional facility having, or which may be provided with, the necessary detention, segregation, isolation, clinic and hospital units. § 70.24.070.

(14) The Board of Health shall adopt such rules as are necessary to implement and enforce this chapter regulating the control and treatment of STDs. § 70.24.130.

(15) The Legislature intends to provide STD programs that meet emerging needs, reduce the incidence of STDs, and provide confidential services about which patients can feel secure. § 70.24.015.

Criminal Law (2)

Education (1)

Insurance (1), (2)

Testing & Reporting (4), (5), (6), (7), (8), (9)

Miscellaneous (1), (6)

TESTING & REPORTING

(1) In every instance, a sexually transmitted disease (STD) (see Definitions (5)) diagnosis shall be confirmed by laboratory tests. Laboratories testing for HIV shall report anonymous HIV test results to the Department of Health for statistical purposes. § 70.24.050.

(2) No person may undergo HIV testing (see Definitions (1)) without giving consent except: incompetent persons; in anonymous seroprevalence studies, where the Department of Labor and Industries determines it is relevant and payments under Title 51 may be conditioned

85. *Id.* (prosecutor has discretion to use confidential information to file a criminal action rather than an authorized civil action).

on the test where participants' identities are unknown; or if otherwise authorized by law. § 70.24.330.⁸⁶

(3) Consent of parent or legal guardian of a minor fourteen years of age or older who may have come in contact with an STD is not necessary in order for the minor to receive diagnosis of and treatment for the disease. The minor may give consent, and this consent is not subject to disaffirmance for lack of capacity. The parents or guardians of the minor shall not be held liable for the cost of care received pursuant to this section. § 70.24.110.

(4) A law enforcement officer, fire fighter, health care provider, health care staff, or other whose employment is determined by the Board of Health to place them at substantial risk of exposure to HIV, who has experienced a substantial exposure to another person's bodily fluids, may request HIV testing (see Definitions (1)), which includes, by law, pretest and post-test counseling (see Definitions (1)) of the person who may have exposed them. The state or local health officer shall promptly provide the subject of the test with personal, confidential written notice of the order, stating the factual basis therefor. If the subject refuses to comply, the superior court may be petitioned for a hearing. The standard of review for the court's order, and the mandate on the public health officer, is whether substantial exposure occurred and whether that exposure presents a possible risk of HIV transmission as defined by the Board of Health. § 70.24.340.⁸⁷

(5) Persons convicted of a sexual offense, prostitution or a related offense, or a drug offense, if the court determines the offense is associated with the use of hypodermic needles, shall be tested for HIV and provided with pretest and post-test counseling by the local health department. § 70.24.340. Local health departments, in association with Regional AIDS Services Networks (see Social & Medical Services (3)), shall make available voluntary testing and counseling services to all persons arrested for prostitution and drug offenses. Services shall include educational materials that outline the seriousness of AIDS and encourage voluntary participation. § 70.24.350. The Washington Criminal Rules

86. *State v. Farmer*, 805 P.2d 200 (Wash. 1991) (nonconsensual HIV testing must be based on legitimate, compelling state interest).

87. *In the Matter of Juveniles A, B, C, D, E*, 847 P.2d 455 (Wash. 1993) (testing under this section is constitutional and applies to juvenile sex offenders).

contain a plea that reads, “If this crime involves a sexual offense, prostitution, or a drug offense associated with hypodermic needles, I will be required to undergo testing for HIV.” Wash. Crim. R. 4.2.

(6) Jail administrators, with the approval of the local public health department, may order HIV testing and pre-test and post-test counseling for detainees if the health officer determines that actual or threatened behavior presents a possible risk to the staff, general public, or others. The administrator shall establish a procedure to document the “possible risk” of transmission. “Possible risk” shall be defined by the Board of Health. The documentation shall be reviewed with the detainee so that the subject understands the basis for testing. §§ 70.24.360, 70.24.370.

(7) No person may disclose the identity of any person who has undergone an HIV antibody test, the results of such a test, or information relating to the diagnosis or treatment of the infection. Only the following persons may receive such information: the subject of the test or the subject’s legal representative; persons securing a release executed by the subject or the subject’s legal representative; the state public health officer; a health facility using human body parts, tissue or blood from a deceased person or using semen or blood specimens; or a state or local health officer conducting an investigation (see Social & Medical Services (12)), and, then, only when the testing is court ordered. § 70.24.105.⁸⁸

(8) The Board of Health shall adopt rules establishing minimum standards for HIV testing, pre-test and post-test counseling, and AIDS counseling (see Definitions (1)). § 70.24.380. The Board shall establish reporting requirements for STDs. § 70.24.125.

(9) STD case investigators (see Definitions (6)), with the specific authority of a physician, are authorized to perform venipuncture or skin puncture on a person for the sole purpose of withdrawing blood for use in STD tests. § 70.24.120.

Employment (1)

Insurance (1)

Social & Medical Services (3), (12)

Miscellaneous (3)

88. See *State v. Stark*, 832 P.2d 109 (Wash. Ct. App. 1992).

MISCELLANEOUS

(1) Blood and other human tissue, organ, or bone donation shall not be subject to any implied warranty under the Uniform Commercial Code (UCC) or otherwise, and no civil liability shall arise except for willful or negligent conduct with regard to the transmission of HIV. This applies only to noncompensated donations where donor records are properly maintained and does not apply to any blood transfusion occurring before June 10, 1971. § 70.54.120. Human blood and its components are excluded from products liability actions arising under this statute. § 7.72.010.⁸⁹

(2) Unfair practice claims of discrimination based on actual or perceived HIV infection shall be evaluated in the same manner as a claim of discrimination based on sensory, mental, or physical handicap. This section does not apply to health insurance transactions (see Insurance (3)) or prohibit “fair discrimination” based on actual HIV infection status when bona fide statistical differences in risk or exposure have been substantiated. § 49.60.174.

(3) No person interviewed relating to sexually transmitted diseases (STDs) (see Definitions (5)) (see Social & Medical Services (11)) who reveals the name or names of sexual contacts shall be held liable in a civil action for revealing the information unless the information is revealed with a knowing or reckless disregard for the truth. § 70.24.022. Nothing in the chapter on control or treatment of STDs limits the rights of a subject of a test for STDs to recover damages or other relief under any applicable law. Nor shall anything in that chapter be construed to impose civil or criminal liability for disclosure of a test result for an STD in accordance with reporting requirements of the Department of Health or the Centers for Disease Control. § 70.24.084.

(4) Members of the State Board of Health, local boards of health, public health officers, employees of the Department of Health and local health departments are immune from civil action for damages arising from the good faith performance of their duties as prescribed by the chapter on control or treatment of STDs, unless such performance constitutes gross negligence. § 70.24.150.

89. See *Howell v. Spokane & Inland Empire Blood Bank*, 785 P.2d 815 (Wash. 1990).

(5) Marriage license applicants must file an affidavit showing that no contagious STD is present or that the condition is known to both applicants. The applicants need not state whether one or both of them are afflicted. § 26.04.210.

(6) Advertisements of a drug or device represented to have an effect on an STD shall be deemed false unless such advertisement is disseminated only: to members of health-related professions; in scientific periodicals; or for the purpose of health education by persons without commercial interest. § 69.04.720.

WEST VIRGINIA

All citations are to "W.Va. Code" unless otherwise noted.

DEFINITIONS

(1) "AIDS," "HIV," and "HIV-related test" are defined at § 16-3C-1.

CRIMINAL LAW

Testing & Reporting (1), (6), (7), (8), (13), (17), (19)

EDUCATION

(1) The State Board of Education shall require the subject of health education to be taught in all of the public schools of the state. In any of the grades six through twelve, health education shall include instruction in the prevention, transmission, and spread of AIDS (see Definitions (1)) and other sexually transmitted diseases. The parent or guardian of a child subject to such instruction shall be provided an opportunity to examine the course curriculum requirements and materials to be used and may exempt the child from participation by giving written notice to that effect to the school principal. § 18-2-9.

(2) Under guidelines established by the Department of Education in consultation with the Department of Health, training programs on the prevention, transmission, spread, and treatment of AIDS shall be provided as in-service training for all school personnel. Parents shall be encouraged to attend these programs. § 18-5-15d.

(3) No student of any school or institution of higher learning, public or private, may be excluded from attending or from participating in school sponsored activities on the basis of a positive HIV test or a diagnosis of AIDS. Exclusion from attendance shall be determined on a case by case basis in consultation with the individual's parents, medical provider, health authorities, school administrators or medical advisors, in accordance with policies or guidelines established by such entities. Exclusion may only be based on the student posing an unacceptable risk, as agreed to by the Department of Health, of transmission of HIV (see Definitions (1)) to others. § 16-3C-6.

Testing & Reporting (17)

[WEST VIRGINIA]

EMPLOYMENT

Testing & Reporting (13)

HOUSING

(1) Funds have been appropriated for a program to provide housing opportunities for people with AIDS or HIV. 1995 W.V. Acts 27.

INSURANCE

(1) No insurer may cancel or fail to renew an accident or sickness insurance policy on the basis of an insured's being diagnosed or treated for AIDS. §§ 33-15-13, 33-16-9.

(2) The testing and consent provisions provided in the AIDS-Related Medical Testing and Records Confidentiality Act (§§ 16-3C-1 to 16-3C-9) (see Testing & Reporting (3), (4)) shall not apply to testing performed by an insurer. The Commissioner of Insurance shall develop standards regarding consent for use by insurers who administers HIV tests. § 16-3C-2.

(3) The Insurance Commissioner has issued regulations relating to AIDS. § 64-7-2.

Testing & Reporting (16)

RESEARCH

Testing & Reporting (5)

SOCIAL & MEDICAL SERVICES

Education (3)

Housing (1)

Testing & Reporting (2), (3), (4), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (16), (17)

TESTING & REPORTING

(1) County and municipal health officers are required to perform mandatory HIV tests (see Definitions (1)) on persons convicted

of sex-related offenses. §§ 16-2-1, 16-2A-3, 16-2A-5, 16-3C-2, 16-3C-8, 16-4-5.

(2) A dentist, physician, or the Commissioner of the Bureau of Public Health may request HIV testing for any of the following reasons: when there is cause to believe that the test could be positive; when there is cause to believe the test could provide information important in the care of the patient; or when any person voluntarily consents to testing. The requesting dentist, physician, or Commissioner of the Bureau of Public Health shall provide to the person being tested a pamphlet or show a video which provides the following information: an explanation of the procedures to be followed; an explanation that the test is voluntary and may be obtained anonymously; an explanation that consent to the test may be withdrawn at any moment prior to drawing the sample for the test and that such withdrawal of consent may be given orally, but must be given in writing if the consent was given in writing; an explanation of the nature and current knowledge of HIV and AIDS and the relationship between the test result and those diseases; and information about behaviors known to pose risks for transmission of HIV infection. § 16-3C-2.

(3) A person has the right to an anonymous HIV test and to provide written informed consent through a coded system with no linking of individual identity to the test request or to the results. A health care provider who does not provide anonymous testing shall refer a person seeking an anonymous test to a site which does provide anonymous testing or to any local or county health department which shall provide anonymous HIV test and counseling. § 16-3C-2.

(4) When learning of a test result, the patient shall be provided with counseling or referral for counseling for coping with the emotional consequences of learning any test result. Counseling or referral may be done by brochure or in person. § 16-3C-2.

(5) No consent for testing is required in the following cases: by the donor or recipient of a human body part, donated for the purposes specified under the Uniform Anatomical Gift Act or for transplantation, or semen, donated for artificial insemination, when such test is necessary to assure the medical acceptability of such recipient or such gift or semen; in a bona fide medical emergency when the subject is unable to grant or withhold consent and the test results are necessary for medical diagnostic

purposes to provide emergency care or treatment, except that necessary treatment may not be withheld pending HIV test results and post-test counseling and referral shall nonetheless be required; and for testing for research purposes if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher. § 16-3C-2.

(6) The court having jurisdiction of a criminal prosecution shall order HIV testing on persons convicted of prostitution, sexual abuse, sexual assault, incest or sexual molestation. This mandatory testing shall not require consent of the subject but shall include counseling. HIV tests performed on persons convicted of such crimes shall be confidentially administered, immediately upon conviction, by a designee of the local or county health department having jurisdiction. The Commissioner of the Bureau of Public Health may designate health care providers in regional jail facilities to administer HIV tests. The court shall not release such convicted person from custody unless HIV testing and counseling have been performed. The test results shall be transmitted to the court and, after sentencing, made part of the court record. If a convicted person is assigned to the Division of Corrections, a copy of the person's test results shall go to it. The results shall be closed and confidential. If the results are negative, the court may require the test subject to submit to further testing under the Direction of the Bureau of Public Health, in accordance with the guidelines of the Centers for Disease Control (CDC). § 16-3C-2.

(7) A person charged with prostitution, sexual abuse, sexual assault, incest or sexual molestation shall be informed by the judge or magistrate upon initial court appearance of the availability of voluntary HIV testing and counseling conducted by the Bureau of Public Health. The prosecuting attorney shall inform the victim, at the earliest stage of the proceedings, of the availability of confidential HIV testing and counseling conducted by the Bureau of Public Health and that it is in the victim's best interest to submit to testing and counseling. At the victim's request, the test shall be confidential. The test shall be administered in accordance with the guidelines of the CDC and pretest and post-test counseling shall be provided by the designee of the Commissioner of the Bureau of Public Health or by a local or county health department having proper jurisdiction. § 16-3C-2.

(8) The cost of mandated testing and counseling and testing for victims shall be paid by the Bureau of Public Health. The court shall order a person convicted of prostitution, sexual abuse, sexual assault, incest, or sexual molestation to pay restitution to the state for the cost of HIV testing and counseling, unless the convicted person is determined to be indigent. Any funds recovered by the state as a result of an award of restitution shall be paid into the State Treasury to the credit of the HIV Testing Fund and used solely by the Bureau of Public Health for the purposes of facilitating the performance of HIV testing and counseling. § 16-3C-2.

(9) When the Director of the State Department of Health knows or has reason to believe through medical or epidemiological information that a person has HIV infection and is or may be a danger to the public health, the Commissioner of the Bureau of Public Health may issue an order to: require the person to be examined and tested for HIV; require a person with HIV to report to a qualified physician or health worker for counseling; and direct a person with HIV to cease and desist from conduct which endangers the health of others. § 16-3C-2.

(10) Any person found to be infected with HIV shall be referred by the health care provider performing the counseling or testing for appropriate medical care and support services. The local or county health departments providing counseling or testing shall not be responsible for medical care and support services received as a result of such referral. § 16-3C-2.

(11) The Commissioner of the Bureau of Public Health may require an HIV test for the protection of a person who was possibly exposed to HIV infected blood or other body fluids as a result of receiving or rendering emergency medical aid or who was possibly exposed as a funeral director. § 16-3C-2.

(12) Information pertaining to AIDS and to the availability of HIV testing and counseling shall be issued to all applicants for a marriage license. Informational brochures shall be furnished by the Bureau of Public Health. A notation that the applicant has received such information shall be placed on file with the marriage license on forms provided by the Bureau. § 16-3C-2.

(13) No person may disclose or be compelled to disclose the identity of any person on whom an HIV test is performed, or the results

of such a test, except to the following persons: the test subject; victims of sex related offenses; any person who secures a specific release of test results from the test subject; a funeral director or an authorized agent or employee of a health facility who handles or processes body fluids or tissues and has a need to know, provided that such funeral director, agent, or employee maintain the confidentiality of such information; medical personnel providing care to the test subject when knowledge of the test results is necessary to provide appropriate care or treatment; the Bureau of Public Health or the CDC; a health facility which procures, processes, distributes or uses human body parts, semen, blood, or blood products; health facility staff committees or accreditation or oversight review organizations which are conducting program monitoring or review so long as the identity of the test subjects remains anonymous; and persons allowed access to records by a court order. No person to whom HIV test results have been disclosed may further reveal the results. Except when test results are revealed to the test subject, the Bureau of Public Health, or the CDC, disclosure shall be accompanied by a written statement prohibiting any further disclosure. The use of test results for partner or contact notification is permitted. The name of the test subject is to remain anonymous. Contacts or identified partners may be tested anonymously at the State Bureau of Public Health's test site or, at their own expense, by a health care provider of their choice. No cause of action shall arise from any contact or partner notification. There is no duty on the part of a physician or health care provider to notify the spouse or other sexual partner of, or persons who have shared needles with, an individual infected with HIV, and no cause of action shall arise for any failure to make such notification. § 16-3C-3.

(14) If the person whose consent is necessary for HIV testing or authorization for the release of test results is incapable of giving such consent or authorization because of mental incapacity or incompetency, consent or authorization shall be obtained from another person in the following order of preference: a person holding durable power of attorney for health care decisions; the person's duly appointed legal guardian; or the person's next of kin. A person's inability to consent shall not result in the prolonged delay or denial of necessary medical treatment. Information required to be given to the patient shall be provided to the person giving substituted consent. § 16-3C-4.

(15) Any person aggrieved by a reckless, intentional, or malicious violation of the AIDS-Related Medical Testing and Records Confidentiality Act (§§ 16-3C-1 to 16-3C-9) has a right of action in the circuit court for damages, reasonable attorney's fees, and such other relief that the court may consider appropriate. The action must be commenced within five years after the violation occurs. Civil liability shall not be imposed for disclosure of HIV test results in accordance with reporting guidelines of the Department of Health or the CDC. § 16-3C-5.

(16) A positive HIV test result or the diagnosis of AIDS may not constitute a basis on which to deny any individual access to quality health care. This subsection does not apply to insurance. § 16-3C-6.

(17) The Commissioner of the Department of Corrections shall conduct a study of penal institutions to determine whether it would be prudent and reasonable to provide or require testing, educational classes, or counseling pertaining to AIDS and HIV for each inmate. § 16-3C-7.

(18) The Bureau of Public Health shall implement and enforce the provisions of the AIDS-Related Medical Testing and Records Confidentiality Act and shall adopt rules necessary to further implement the Act. The Bureau of Public Health shall promulgate rules to assure adequate quality control for all laboratories conducting HIV tests. § 16-3C-8.

(19) Any person who has been tried or convicted of a sex crime shall not be released from custody until the local health officer having proper jurisdiction has been notified and has had time to make all necessary tests and examinations to ascertain whether such person is infected with a venereal disease. § 16-4-5.

(20) Other provisions pertaining to the furnishing of health care records to patients shall not be construed to apply to health care records that are governed by the AIDS-Related Testing and Records Confidentiality Act. § 16-29-1.

(22) The Board of Health has issued regulations pertaining to AIDS-related medical testing and confidentiality. § 64-5-2.

Education (3)

Insurance (2)

MISCELLANEOUS

(1) Tattoo artists who are experiencing diarrhea, vomiting, fever, rash, productive cough, jaundice, draining or open skin infections, such as boils, which could be indicative of a more serious condition, such as HIV or AIDS, shall refrain from tattooing activities until they are no longer experiencing or exhibiting those symptoms. § 30-33-3.

WISCONSIN

All citations are to "Wis. Stat." unless otherwise noted.

DEFINITIONS

(1) "Administering carrier," "Board," and "eligible person" are defined at § 619.10.

(2) "Affected person," "emergency medical technician," "health care provider," "home health agency," "informed consent for testing or disclosure," "informed consent for testing or disclosure form," "relative," and "universal precautions," as they pertain to testing and reporting, are defined at § 252.15.

(3) "AIDS" is defined at § 49.486.

(4) "Autologous transfusion" is defined at § 252.13.

(5) "Continuation coverage" is defined at § 252.16.

(6) "Correctional officer," "fire fighter," and "health care provider," as they pertain to discrimination, are defined at § 252.14.

(7) "Disability insurance policy" is defined at § 632.895.

(8) "Employer" is defined at § 103.15.

(9) "First responder," "peace officer," "state patrol officer," and "validated test result" are defined at § 252.01.

(10) "Group health plan" and "residence" are defined at §§ 252.16, 252.17.

(11) "Health care professional" and "significantly exposed" are defined at §§ 252.15, 938.296, and 968.38.

(12) "Health care service" within the children's code refers to family planning, pregnancy testing, obstetrical health care, or diagnosis and treatment for a sexually transmitted disease. § 48.981.

(13) "HIV" is defined at §§ 49.486, 103.15, 252.01, 619.10, 901.05, 938.296, and 968.38.

(14) "HIV infection" is defined at §§ 49.486, 103.15, 631.90, 631.93, and 632.895.

(15) "Medical leave" is defined at § 252.17.

(16) "Sexually transmitted disease" (STD) is defined at § 252.11.

[WISCONSIN]

CRIMINAL LAW

(1) Whoever intentionally discloses the results of an HIV (see Definitions (13)) blood test without proper authorization and thereby causes bodily harm or psychological harm to the subject may be fined not more than \$10,000 or imprisoned not more than nine months or both. § 252.15.

Social & Medical Services (3)

Testing & Reporting (1), (7), (16), (20), (21)

EDUCATION

(1) A critical health problems education program, which shall cover sexually transmitted diseases (STDs) (see Definitions (16)) including AIDS (see Definitions (3)), is established in the Department of Education. § 115.35.

(2) Each school board shall provide an instructional program designed to give pupils knowledge of physiology and hygiene and shall cover STDs. The program shall be offered in every high school. No pupil may be required to take instruction in these subjects if the pupil's parent files a written objection with the teacher. § 118.01.

(3) The human growth instruction program provided by a school board in grades kindergarten through twelve may include instruction in HIV (see Definitions (13)) and AIDS. Such instruction shall be appropriate to each grade level. § 118.019.

(4) Funds shall be provided for a statewide public education campaign promoting public awareness of the risk of contracting AIDS and protective measures against AIDS, including: development and distribution of information and newsletters on STDs through family planning clinics, physicians' offices, and clinics; and public presentations or other releases of information to newspapers, periodicals, radio, television, and other public information resources. The information shall be targeted at individuals whose behavior puts them at risk of contracting AIDS and shall encompass the following topics: AIDS and HIV; means of identifying whether an individual may be at risk of contracting AIDS; protective measures against AIDS; and locations for procuring additional information or for obtaining testing services. § 252.12.

(5) Any pupil record concerning HIV testing shall be subject to the statutory restrictions (see Testing & Reporting (16)) on the use of results of HIV testing. § 118.125.⁹⁰

EMPLOYMENT

(1) No public employer (see Definitions (8)) may solicit or require an HIV (see Definitions (13)) test as a condition of employment or allow the terms, conditions, or privileges of employment to be affected by the fact that an employee obtains an HIV test, unless the state epidemiologist determines that individuals who have HIV infection may, through employment, pose a significant risk of transmitting HIV to other individuals. § 103.15.⁹¹

Insurance (1)

Testing & Reporting (13), (16)

HOUSING

(1) The fact that a person with AIDS (see Definitions (3)) or a person who is HIV positive (see Definitions (13)) resides in a community living arrangement with a capacity for eight or fewer persons may not be used to assert or prove that the community living arrangement poses a threat to the health, safety, or welfare of the residents of the city, town, or village where such community is located. §§ 59.97, 60.63, 62.23.

Insurance (1)

Testing & Reporting (2), (11), (16)

INSURANCE

(1) An individual is eligible to receive a subsidy to pay for health insurance if the Department of Health determines that the

90. See *Syring v. Tucker*, 498 N.W.2d 370 (Wis. 1993), *recons. denied*, 505 N.W.2d 142 (Wis. 1993).

91. *Id.* (general prohibition of AIDS testing in employment does not imply legislative disapproval of use of equitable power to compel defendant to submit to an AIDS test); *Racine Unified School Dist. v. Labor & Industry Rev. Comm.*, 476 N.W.2d 707 (Wis. 1991) (whether this section was enacted before or after enactment of policy excluding employees with AIDS or ARC from work is irrelevant to school board's liability).

individual has a residence (see Definitions (10)) in the state and a family income that does not exceed 200% of the federal poverty line. The individual must submit to the Department of Health a certification from a physician stating that the individual has HIV (see Definitions (13)) and that, because of an illness or medical condition arising from or related to HIV infection, the individual's employment has terminated, the individual's hours have been reduced, or the individual is on unpaid medical leave from employment. In addition, the individual must be eligible for continuation coverage (see Definitions (5)). The individual must submit a certification from a physician authorizing the Department of Health to contact the individual's former employer or the administrator of the group health plan under which the individual is covered regarding the individual's HIV status. The individual must also authorize the Department of Health to make any necessary disclosure to the individual's former employer or the administrator of the group health plan (see Definitions (10)) under which the individual is covered regarding the individual's HIV status. The individual must not be covered by a group or individual health plan other than the group health plan under which the individual is eligible for continuation coverage or a health plan which offers a substantial reduction in covered health care services compared to the group health plan. The individual must also not be eligible for Medicare. If an individual satisfies these requirements, the Department of Health shall pay the full amount of each premium payment for continuation coverage. The Department of Health may not refuse to pay the full amount of each premium payment because the continuation coverage that is available to the individual also covers the individual's spouse and dependents. The Department of Health shall cease payments when the individual's continuation coverage ceases, when the individual no longer satisfies the requirements, upon the expiration of twenty-nine months after the unpaid medical leave began, or upon the expiration of twenty-nine months after the continuation coverage began, whichever occurs first. The obligation of the Department of Health to make such payments is subject to the availability of funds. An additional requirement for coverage in the case of individuals on unpaid medical leave is that they not have in escrow an amount sufficient to pay the individual's required contribution. If an individual who satisfies the requirements has an amount in escrow that is insufficient to pay the individual's required contribution to premium

payments, the amount paid by the Department of Health shall not exceed the individual's required contribution for the duration of the payments minus the amount in escrow. §§ 252.16, 252.17.

(2) The Board (see Definitions (1)) or administering carrier (see Definitions (1)) shall certify that persons (see Definitions (1)) who submit evidence that they are HIV positive are eligible for a risk-sharing plan. The Board or administering carrier shall certify an HIV positive person if an insurance intermediary or the administering carrier issues any of the following: a notice of rejection, cancellation, reduction, or limitation of coverage; a notice of increase in premium exceeding the old premium in effect by more than fifty percent that only applies to certain insureds; or a notice of premium for a policy not yet in effect from two or more insureds which exceeds by more than fifty percent the premium applicable to a person considered a standard risk for the same type of coverage. § 619.12.

(3) An accident or health insurance policy may not contain exclusions or limitations, including deductibles or copayments, for coverage of the treatment of HIV infection, unless the exclusions or limitations apply generally to other illnesses or medical conditions covered by the policy. A life insurance policy may not deny or limit benefits solely because the insured's death is caused, directly or indirectly, by HIV infection or any illness or medical condition arising from or related to HIV infection. § 631.93. Every disability insurance policy (see Definitions (7)) that is issued or renewed and that provides coverage of prescription medication shall provide coverage for each drug that: is prescribed by an insured's physician for the treatment of HIV infection or a related illness or infection; is approved by the federal Food and Drug Administration for the treatment of HIV infection or a related illness or infection, including approved investigational or new drugs for the treatment of HIV or a related illness or infection that is in or has completed a phase three clinical investigation; and, for investigational and new drugs, is prescribed and administered according to approved treatment protocol. § 632.895. These provisions prohibiting limitations or exclusions on coverage for treatment of HIV, apply to health maintenance organizations, limited service health organizations, and preferred provider plans. Health maintenance organizations and preferred provider plans are also subject to the provisions pertaining to

prescription plan coverage for drugs used to treat HIV and related illnesses and infections. § 609.81.

RESEARCH

Testing & Reporting (9), (11), (16)

SOCIAL & MEDICAL SERVICES

(1) On request, the Department of Health shall provide free information and instructions concerning sexually transmitted diseases (see Definitions (16)) to state residents. § 252.11.

(2) Funds shall be distributed for the provision of services to individuals with or at risk of contracting AIDS (see Definitions (3)). Such funds shall be directed to partner notification and referral, grants to local projects, information networks, HIV (see Definitions (13)) seroprevalence studies, grants for targeted populations and intervention services, and contracts for counseling and laboratory testing services. § 252.12.

(3) No health care provider, peace officer (see Definitions (9)), fire fighter (see Definitions (6)), correctional officer (see Definitions (6)), state patrol officer (see Definitions (9)), jailer, home health agency (see Definitions (2)), inpatient health care facility, or person who has access to a validated test result may do any of the following to an individual who has AIDS or tests positive for HIV solely because of the infection or illness: refuse to treat or provide services to the individual; provide services to the individual at a standard lower than that provided to other individuals; isolate the individual, unless medically necessary; or subject the individual to indignity, including humiliating, degrading, or abusive treatment. § 252.14.

(4) Funds shall be distributed to reimburse the cost of AZT, pentamidine, and any drug approved for reimbursement for an individual who has HIV infection. § 49.486.

(5) The Department of Health and Social Services may provide a special payment method under the medical assistance program for a facility that treats persons diagnosed with HIV or AIDS. § 49.45.

Education (4)

Insurance (1), (3)

[WISCONSIN]

Testing & Reporting (4), (5), (6), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19)

TESTING & REPORTING

(1) In a delinquency proceeding or in a proceeding for a juvenile in need of protection or services, in which a juvenile is alleged to have committed a sexual assault, sexual assault of a child, repeated acts of sexual assault on the same child, sexual exploitation of a child, or incest with a child, the District Attorney or Corporation Counsel shall apply to the court for an order to submit to HIV (see Definitions (13)) or sexually transmitted disease (STD) (see Definitions (16)) testing and to disclose the results of that test if the victim requests the order or if the District Attorney or Corporation Counsel has probable cause to believe that the juvenile has significantly exposed (see Definitions (11)) the victim. The court shall require the health care professional (see Definitions (11)) who performs the test to disclose the results to any of the following people: the parent, guardian, or legal custodian of the juvenile; the victim or the alleged victim; the parent, guardian, or legal custodian of the victim or alleged victim; and the health care professional who cares for the victim or alleged victim. The court may order the county to pay for the cost of the tests. § 938.296. Each victim of a juvenile's act shall receive timely notice of any testing initiated under this provision and the results of such testing. § 938.346.

(2) At the time of placement of a child in a foster home, group home, or child care institution or, if the information is not available on placement, within thirty days thereafter, the agency that prepared the child's permanency plan shall provide the foster parent or operator of the group home or child care institution with any information in the court report pertaining to HIV test results of the child if the child's parent or guardian has consented to the tests and to release of the test results, and the foster parent or operator of the group home or child care institution has been notified of the confidentiality requirements for such information. § 48.371.

(3) The Department of Development shall develop a report form to document significant exposure to blood or body fluids for use by a person who may have been significantly exposed (see Definitions (11)),

stating that it is a violation of law to reveal to anyone else the identity of the person who is the subject of the test result being disclosed. § 101.02.

(4) A physician or other health care officer called to attend a person infected with any form of STD shall report the disease to the local health officer and to the Department of Health (Department) in the manner directed by the Department on forms provided by the Department. § 252.11.

(5) A physician may treat, diagnose, or examine a minor for an STD without obtaining the consent of the minor's parent or guardian. The physician shall incur no civil liability solely because of lack of consent by the minor's parent or guardian. § 252.11.

(6) An officer of the Department or a local health officer shall investigate any reported or reasonably suspected case of an STD or an actual or potential contact of a reasonably suspected case of an STD for which no appropriate treatment is being administered. If, following a request by the Department or a local health officer, a person reasonably suspected of being infected with an STD refuses or neglects examination or treatment by a physician, an officer of the Department or a local health officer may proceed to have the person committed for treatment or observation. If a person infected with an STD ceases or refuses treatment before reaching a noncommunicable stage, the physician shall notify the Department, which shall take steps to have the person committed for treatment or observation. Any court may commit a person infected with an STD to any institution or may require the person to undergo examination, treatment, or observation. A health care professional acting under a court order may subject an individual to an STD test or a series of STD tests. No sample used for performance of such test may disclose the name of the subject. If a physician reports to the Department of Health a case of a person with an STD who ceases or refuses treatment necessary to render the person noncontagious, information regarding the presence and treatment of the disease is not privileged when the patient or physician testifies to the facts before a court. § 252.11.

(7) All records concerning STDs are confidential and not open to public inspection. Such records shall not be divulged except as necessary for the preservation of the public health or in the course of a legal proceeding concerning the commission of a sex crime by a juvenile or an adult or in a commitment proceeding. § 252.11.

(8) The State Laboratory of Hygiene shall examine specimens for the diagnosis of STDs for any physician or local health officer in the state and shall report the positive results of the examinations to the local health officer and to the Department with the name of the physician to whom the information was reported. § 252.11.

(9) Any blood bank, blood center, or plasma center in this state that purchases or receives whole blood, blood plasma, a blood product, or a blood derivative shall, prior to its distribution or use and with informed consent, subject the blood, plasma, product, or derivative to an HIV test or a series of HIV tests. If the blood product has already undergone previous testing, the blood bank, blood center, or plasma center that purchases or receives it need not test it again. The state epidemiologist shall make separate findings for an HIV test on blood products and for disclosure of test results to the subject of the test. If the blood product tests positive, it shall not be distributed or used except for research. If a medical emergency exists, and tested blood products cannot be obtained, the testing requirements shall not apply. Blood products that have been voluntarily donated for autologous transfusion (see Definitions (4)) may be used by the donor directly, but no other person may use the blood products unless they have been tested for HIV and have yielded a negative result. § 252.13. A health care provider (see Definitions (2)), blood bank, blood center, or plasma center that obtains a specimen of body fluids or tissues from a person for the purpose of HIV testing shall obtain informed consent for testing and disclosure (see Definitions (2)) from the subject, maintain a record of the consent received, and maintain a record of the test results obtained, which shall not reveal the identity of the test subject. A health care provider, blood bank, blood center, or plasma center that subjects a person to an HIV test shall, in instances where consent is required, provide the potential test subject with an informed consent for testing and disclosure form (see Definitions (2)) which shall contain the name of the potential test subject and a detailed statement of explanation that the test results may be disclosed as permitted under state law. The form shall contain spaces in which to enter the following information: the signature of the potential test subject or, if the test subject has been found to be incapacitated and has issued a power of attorney, the signature of the potential test subject's health care agent; the name of a person to whom the potential test subject authorizes disclosure of test results; the date on which the consent to

disclosure is signed; and the time period during which the consent to disclosure is effective. A person who receives an HIV test or the person's health care agent may authorize in writing a health care provider, blood bank, blood center, or plasma center to disclose the person's test results to anyone at any time subsequent to providing informed consent for disclosure, and a record of this consent shall be maintained by the health care provider, blood bank, blood center, or plasma center. § 252.15.

(10) A health care provider, home health agency (see Definitions (2)), or inpatient health care facility that tests an individual for HIV shall provide counseling about HIV and referral for appropriate health care and support services and shall develop and follow procedures that ensure continuity of care for the individual in the event that the individual's condition exceeds the scope of licensure or certification of the provider, agency, or facility. § 252.14.

(11) No health care provider, blood bank, blood center, or plasma center may subject a person to an HIV test unless the test subject first provides informed consent for testing or disclosure. Consent to testing is not required for the following: for testing on a donation of a human body part or human tissue; in a medical emergency; for research purposes if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved; on a resident of a center for the developmentally disabled or a mental health institute when the medical director determines that the conduct of a resident poses a significant risk of transmitting HIV to another resident; for an individual who has been adjudicated incompetent or is under fourteen years of age or is unable to give consent because the individual is unable to communicate due to a medical condition and the health care provider obtains consent for the testing from the individual's parent, guardian, closest living relative (see Definitions (2)), or a person with whom the individual has a meaningful social and emotional relationship if the individual to be tested is not a minor or incompetent; under court order; or for an individual who has been significantly exposed. § 252.15.

(12) A health care provider who procures, processes, distributes, or uses a donated human body part or donated human tissue shall, without obtaining consent to the testing, test the donation for HIV. If the validated test result (see Definitions (9)) (see Testing & Reporting (19)) is positive, the donation may not be used. In a medical emergency,

where a tested human body part or human tissue is unavailable, the testing requirement does not apply. § 252.15.

(13) An emergency medical technician (see Definitions (2)), first responder (see Definitions (9)), fire fighter, peace officer, correctional officer or employee, state patrol officer, jailer, or health care provider who, during the course of providing care, treatment, or services to an individual, is significantly exposed to the blood or body fluids of the individual, may subject the individual's blood to an HIV test or series of HIV tests and may receive disclosure of the test results if all of the following apply: the exposed person used universal precautions (see Definitions (2)) against significant exposure at the time of the exposure unless there was an emergency; a physician certifies on a report form developed by the Department of Development that the person has been significantly exposed; the exposed person submits to an HIV test as soon as it is feasible or within a time period established by the Department of Development after consulting Centers for Disease Control guidelines, whichever is earlier; the test is performed on blood that is drawn for a purpose other than HIV testing or, if such blood is unavailable, on blood that the circuit court has ordered to be tested; the individual, if capable of consenting, has been given an opportunity to consent but has not consented; and the individual has been informed that the individual's blood may be tested for the presence of HIV, that the results may be disclosed to no one without the individual's consent, except to the exposed person, and that a record of the test results may be kept only if it does not reveal the individual's identity. Upon receipt of the request and certification from an exposed person, the district attorney shall apply to the circuit court to order the individual to submit to a test or series of tests and to order disclosure of the test results to the exposed person. The court shall set a time for the hearing within twenty days after receipt of such request. If the court approves the testing, the court shall order the health care professional who performs the tests to disclose the results to the tested individual and to the exposed person. No sample used for laboratory test purposes may disclose the name of the test subject. The court is not required to order the individual to submit to testing if the

court finds substantial reasons relating to the life or health of the individual not to do so. § 252.15.⁹²

(14) A health care provider who procures, processes, distributes or uses donated human sperm or ova shall, prior to the distribution or use and with the donor's informed consent, test the proposed donor for the presence of HIV. The health care provider shall test the sperm donor initially and, if the initial test result is negative, shall perform a second test not less than 180 days after the date of procurement of the sperm. No person may use the donated sperm until the health care provider has obtained the results of the second test. If any validated HIV test is positive, the sperm donated may not be used and shall be destroyed. § 252.15.

(15) A health care provider that subjects a person to an HIV test shall provide the test subject and the test subject's guardian, if the test subject is incompetent, with a statement of explanation concerning the test that was performed, the performance date of the test, and the test results, as well as a statement of explanation that the test results may be disclosed with either a listing of the persons to whom the information may be disclosed and the circumstances under which disclosure may occur or a statement that the listing is available on request. § 252.15.

(16) An individual who is the subject of an HIV test or the individual's health care agent, if the individual is incapacitated and has executed a power of attorney, may disclose the test results to anyone. A person who is neither the individual nor the individual's health care agent may not, unless specifically authorized by the individual, disclose the individual's test results except to the following persons: to the test subject or the subject's health care agent; to a health care provider who provides health care, including emergency care, to the test subject; to an agent or employee of a health care provider who prepares or stores patient health care records, provides patient care, or handles or processes specimens of body fluids or tissue; to a blood bank, blood center, or plasma center that subjects a person to testing, for the purposes of determining the medical acceptability of blood or plasma secured from the test subject, notifying the test subject of the test results, or

92. *Syring v. Tucker*, 498 N.W.2d 370 (Wis. 1993), *recons. denied*, 505 N.W.2d 142 (Wis. 1993) (provision does not compel HIV testing of woman who bit social service worker, but testing may be ordered on equitable grounds).

investigating HIV infections in blood or plasma; to a health care provider who procures, processes, distributes, or uses a human body part, for the purpose of assuring medical acceptability of the gift for the purpose intended; to the state epidemiologist, for the purpose of providing epidemiologic surveillance or investigation or control of communicable disease; to a funeral director, or to a person who performs an autopsy; to health care facility staff committees or accreditation or health care services review organizations who are monitoring or evaluating a facility; under a lawful order of a court of record; to a person who conducts research, for the purpose of research, if the person is affiliated with a health care provider, has obtained permission to perform the research from an institutional review board, and provides written assurance to the person disclosing the test results that the information will not be released to another person and that the final research product will not identify the test subject unless the researcher has first obtained the test subject's informed consent; to a person who renders emergency care and who is significantly exposed to an emergency victim; to a coroner, medical examiner, or appointed assistant who is significantly exposed; to a sheriff or jailer with custodial authority, in order to permit the assigning of a private cell to a prisoner who is HIV positive; to known sexual contacts or persons with whom the subject shared intravenous drug paraphernalia, if the test subject is deceased; during the period when the test subject is adjudicated incompetent, to anyone capable of providing consent to the testing; to a victim or an alleged victim or to a health care professional caring for an alleged victim or if the victim or alleged victim is a minor, to such victim's parent or guardian; to an affected person (see Definitions (2)); or to an agency directed to prepare a court report or a permanency plan regarding a child for whom placement in a foster home, group home, or child caring institution is recommended and to such child's foster parent or the operator of the group home or child caring institution in which the child is placed. § 252.15.⁹³

93. Hillman v. Columbia County, 474 N.W.2d 913 (Wis. Ct. App. 1991), *review granted*, 482 N.W.2d 105 (Wis. 1992) (violation of inmate's right to confidentiality of HIV test results not shown); Van Straten v. Milwaukee Journal Newspaper-Publisher, 447 N.W.2d 105 (Wis. Ct. App. 1989), *cert. denied*, 496 U.S. 929 (1990) (violation of inmate's right to confidentiality of HIV test results not shown); Doe v. Roe, 444 N.W.2d 437 (Wis. Ct. App. 1989) (defendant's HIV test result is admissible because test was performed pursuant to a lawful court order).

(17) A corpse may be subjected to an HIV test and the test result may be disclosed to a person who has been significantly exposed under any of the following conditions: if a person renders emergency care to the test subject, experiences a significant exposure during the course of such care, and the test subject subsequently dies; if a funeral director, coroner, medical examiner, or appointed assistant to a coroner or medical examiner is significantly exposed to the corpse; or if a health care provider is significantly exposed to a corpse or to a patient who subsequently dies. § 252.15.

(18) No person may sell or offer to sell an HIV test or an HIV test kit unless the test or test kit is first approved by the state epidemiologist. In reviewing a test or test kit, the state epidemiologist shall weigh the benefits, if any, to the public of the test or test kit against the risks, if any, to the public health from the test or test kit. § 252.15.

(19) The state epidemiologist shall determine, based on a preponderance of available scientific evidence, the procedures necessary to obtain a validated test result. The state epidemiologist shall revise this determination if new scientific evidence warrants a revision. If a positive validated test result is obtained, the health care provider, blood bank, blood center, or plasma center that maintains a record shall report the following information to the state epidemiologist: the name and address of the health care provider, blood bank, blood center, or plasma center reporting; the name and address of the subject's health care provider; the name, address, telephone number, age or date of birth, race and ethnicity, sex, and county of residence of the test subject; the date on which the test was performed; the test result; and other medical or epidemiological information required by the state epidemiologist for exercising surveillance, control, and prevention of HIV infection. The report shall not include information with respect to the sexual orientation of the test subject or the identity of persons with whom the test subject may have had sexual contact. A report is not necessary for persons for whom a diagnosis of AIDS has been made. Any person violating the reporting requirements is liable to the test subject for actual damages and costs plus exemplary damages of up to \$1,000 for a negligent violation and up to \$5,000 for an intentional violation. § 252.15.

(20) HIV test results and the fact that a person has been ordered or required to submit to such a test are not admissible in a civil,

criminal, or administrative proceeding as evidence of a person's character for the purpose of proving that the person acted in accordance with that character on a particular occasion unless the evidence is otherwise admissible under state rules of evidence and unless admissibility is determined by a judge upon a pretrial motion. § 901.05.⁹⁴

(21) In an action for sexual assault, sexual assault of a child, repeated sexual assault of the same child, sexual exploitation of a child, or incest with a child, the district attorney shall apply to the circuit court to order the defendant to submit to an HIV or STD test or tests if: the district attorney has probable cause to believe that the defendant has significantly exposed the victim or alleged victim; and the victim or alleged victim or the parent or guardian of a minor victim or alleged victim requests the district attorney to apply for the order. The court shall set a time for a hearing on the matter, and the defendant shall be given notice of the hearing at least seventy-two hours in advance. If the court finds probable cause to believe that the defendant has significantly exposed the victim or alleged victim, the court shall order the defendant to submit to a test or series of tests to detect the presence of HIV or STDs. The court shall require the health care professional who performs the test to refrain from making the test results part of the defendant's permanent medical record and to disclose the results to any of the following: the victim or alleged victim; the parent or guardian of the victim or alleged victim, if a minor; and the health care professional who provides care to the victim or alleged victim, upon request by the victim or alleged victim or, if a minor, the parent or guardian of the victim or alleged victim. § 968.38.⁹⁵

Criminal Law (1)

Education (4), (5)

Employment (1)

Social & Medical Services (2), (3)

MISCELLANEOUS

94. *Doe v. Roe*, 444 N.W.2d 437 (Wis. Ct. App. 1989) (exception not applicable and HIV test results admissible).

95. *State v. Parr*, 513 N.W.2d 647 (Wis. Ct. App.), *review denied*, 520 N.W.2d 90 (Wis. 1994) (acquittal on charge of sexual intercourse does not preclude HIV test since provision requires only probable cause).

WYOMING

All citations are to “Wyo. Stat.” unless otherwise noted.

DEFINITIONS

(1) A list of sexually transmitted diseases (STDs) developed by the Department of Health shall include AIDS. STDs are contagious, infectious, communicable, and dangerous to the public health. § 35-4-130.

(2) “Health care worker” and “significant exposure” are defined at § 35-4-133.

(3) “Sex offense” is defined at § 7-1-109.

CRIMINAL LAW

(1) Physical examination and treatment by a licensed physician or other qualified health care provider of a person under eighteen years of age consenting to examination and treatment for a sexually transmitted disease (STD) (see Definitions (1)) is not an assault or an assault and battery upon that person. § 35-4-131.

(2) A health officer shall cooperate with law enforcement officials in suppressing and enforcing laws against prostitution by investigating sources of STDs. § 35-4-133.

Testing & Reporting (4), (5)

EDUCATION**EMPLOYMENT**

Testing & Reporting (3)

HOUSING**RESEARCH**

SOCIAL & MEDICAL SERVICES

(1) Persons under eighteen years of age may give legal consent to examination and medical treatment for sexually transmitted diseases (STDs) (see Definitions (1)). For any individual exposed to or reasonably suspected of being infected with an STD, a physician or other health care provider shall administer treatment or refer an individual to appropriate treatment (see Criminal Law (1)). § 35-4-131.

(2) Public funds appropriated for treatment of any individual infected with an STD shall be spent in accordance with priorities established by the Department of Health. In establishing priorities, the Department of Health shall consider the treatment's cost, effectiveness, curative capacity, and public health benefit to the state. § 35-4-133.

Criminal Law (1)

Testing & Reporting (2), (5)

TESTING & REPORTING

(1) Information and records relating to a known or suspected case of sexually transmitted disease (STD) (see Definitions (1)) are confidential and shall not be disclosed unless the disclosure is: for statistical purposes only, provided that the identity of the individual with the known or suspected case is protected; necessary for the administration and enforcement of Department of Health rules and regulations related to the control and treatment of STDs; made with written consent of the individual identified within the information or records; or for notification of health care professionals and health care employees when it is necessary to protect life and health. § 35-4-132.

(2) Upon receipt of a report or notice of a case or a reasonably suspected case of STD infection, a health officer may: examine the individual and report the examination results to the individual if the individual has not been tested for STD infection; isolate the individual in accordance with existing standards of medical practice; require the infected individual to seek adequate treatment; and arrange for education and counseling of the infected individual as to the medical significance of the STD. To the extent possible, the health officer shall identify any other person with whom the infected individual has had contact which may have resulted in significant exposure (see Definitions

(2)) of that person to a dangerous or life threatening STD. The health officer shall make every reasonable effort to notify such identified persons. Such notification shall include the name of the STD to which the person may have been exposed, the approximate date of exposure, and advice pertaining to the nature of the disease and sources for education and counseling as to the medical significance of the disease. The identity of the infected individual shall remain confidential. § 35-4-133.

(3) Upon receipt of information documenting an actual exposure of a health care worker (see Definitions (2)) to blood or body fluids of a patient where the exposure could lead to transmission of a communicable disease, a health care provider may order appropriate testing to be performed on a specimen from the patient. If the patient's specimen is not available for testing, a health care provider or a health officer may order the necessary testing with the patient's consent. If the patient does not consent to testing, the health care provider or health officer may apply for a court order to have the necessary testing done. § 35-4-133.

(4) Upon the consent of a person accused of a crime wherein it is alleged that there has been an exchange of bodily fluids, that person shall be examined for STDs. If the accused person is unwilling or unable to give consent, the court may, upon a sufficient showing of probable cause, order the medical examination of the accused person for STDs. Any person convicted of a sex offense (see Definitions (3)) shall, at the request of the victim, be examined by a licensed physician or other health care provider for STDs. Costs of any medical examination in relation to criminal procedure shall be funded through the Department of Health. All results of such tests are confidential and are not admissible as evidence. They shall be disclosed only: for statistical purposes; in a civil action for the negligent or intentional infliction of or exposure to an STD; or in a criminal prosecution for the criminal infliction of or exposure to an STD. § 7-1-109.

(5) Any individual confined or imprisoned in any state penal institution, county or city jail, or any community correctional facility shall be examined for STDs by a health officer. In order to suppress the spread of STDs among the confined population, the health officer may isolate prisoners infected with a treatable illness within the facility and

require them to report for treatment by a licensed physician. If an individual is infected with a noncurable STD, the health officer may provide minimum care and treatment to the individual. Such examination and treatment shall not interfere with the service of any sentence imposed by a court. § 35-4-134.

MISCELLANEOUS