

Chapter WAC 246-100

Section -072 *Rules for notification of partners at risk of HIV infection*

Existing Rule Requirements	<ul style="list-style-type: none"> • Requires the local health officer to contact the principal health care provider prior to conducting partner notification within seven days of receipt of a report of previously unreported case of HIV infection. • Permits the health care provider to accept responsibility for partner notification, and to recommend that the health officer not meet with the infected person for the purpose of partner notification.
CDC Position	Local health officials should be directly involved in partner notification activities for all reported HIV cases.
DOH Recommendation	Align Board of Health rules with CDC recommendations. Amend WAC 246-100-072 to remove the exceptional requirement to obtain provider consent before public health may contact newly reported HIV-infected persons using information obtained from case report forms. This change is to ensure effective partner notification and reduce the spread of HIV.
Comments in Support	Local health jurisdictions, regional AIDS services network officials, and state and local medical groups support the Department recommendation.
Comments in Opposition or Expressing Concern	<ul style="list-style-type: none"> • Concerns that local health officers may contact a newly HIV-infected person prior to the health care provider having an opportunity to inform her/his patient of the HIV diagnosis or HIV test result. • Concerns that patient may not have a relationship with public health and not want to assist with partner services.
DOH Response	Include a provision requiring the health officer to remind the health care provider to inform the patient of the health officer's responsibility to conduct partner services
Proposed Rule Language	<ul style="list-style-type: none"> • Requires the local health officer to attempt to contact the principal health care provider within three days of receiving a report of a case of HIV to seek input on the best means of conducting a case investigation, including partner services. • Eliminates the health care provider's option to recommend that the health officer <i>not meet</i> with the HIV infected person for the purposes of partner services. • Eliminates the health care provider's option to provide partner services assistance to the HIV infected person themselves. • Requires the health officer to remind the health care provider of the health officer's responsibility to conduct partner services. • Requires the health care provider to inform the HIV infected person that the local health officer or authorized representative will contact him or her to assist with notification of partners.

Chapter WAC 246-100
Section –207 HIV testing-Ordering-Laboratory screening-Interpretation-Reporting

Existing Rule Requirements	<p>Prior to HIV testing, requires health care providers to:</p> <ul style="list-style-type: none"> • Perform a brief risk assessment • Provide information on HIV transmission, the meaning of test results, anonymous testing, etc. • Obtain or ensure explicit verbal or written informed consent of the individual to be tested prior to ordering or prescribing an HIV test and document the receipt of consent • Allow for questions and an opportunity to decline testing • For some individuals - provide or refer for pre-test counseling • Refer for other services
CDC Position	<p>“general consent for medical care should be considered sufficient to encompass consent for HIV testing”</p>
DOH Recommendation	<p>Align Board of Health rules with CDC recommendations.</p>
Comments in Support	<p>Local health jurisdictions, regional AIDS services network officials, state and local medical groups, and community organizations generally support the Department recommendation.</p> <ul style="list-style-type: none"> • The steps required of health care providers prior to HIV testing conflict with CDC recommendations. This conflict is confusing to health care providers and makes them reluctant to conduct routine screening for HIV. The conflict should be resolved by eliminating these exceptional steps prior to HIV testing.
Comments in Opposition or Expressing Concern	<ul style="list-style-type: none"> • Some, including American Civil Liberties Union (ACLU), oppose elimination of specific, opt-in, informed consent. Other community groups and providers wanted to ensure that consent be meaningful and informed. Concern was also expressed about loss of access to anonymous HIV testing. • Concern about removing informational requirements – would prefer that information be provided to first time testers at minimum.
DOH Response	<p>Maintain the provision that an individual give SPECIFIC consent for HIV testing. Require that the provider offer an opportunity to ask questions and decline testing. Health officials will inform providers about CDC recommendations. Requirements to provide reasonable access to anonymous HIV testing by local health jurisdictions in WAC 246-100-036 are maintained.</p>
Proposed Rule Language	<ul style="list-style-type: none"> • Requires any person ordering or prescribing an HIV test for another to obtain the informed consent of the person, separately or as part of the consent for a battery of other routine tests. Provided the person receiving the test must be specifically informed in writing or verbally that a test for HIV is included and that the person is offered an opportunity to ask questions and decline testing • Requires the person ordering or prescribing the test to provide the name and locating information of the individual to the local health officer to provide post-test counseling if the HIV test is positive or suggestive of HIV infection. • Requires the local and state health officer to periodically make efforts to inform providers in their jurisdiction about the CDC recommendations. • Healthcare providers may obtain a brochure about the CDC recommendations from the Department

Chapter WAC 246-100
Section -208 *Counseling standards-AIDS counseling*

Changes made in WAC 246-100-208 (for pregnant women continuing a pregnancy) mirror those made in WAC 246-100-207

Chapter WAC 246-100

Section -209 Counseling standards-Human immunodeficiency virus (HIV) pretest counseling-HIV post-test counseling

Existing Rule Requirements	<ul style="list-style-type: none"> • Requires health care providers and others providing pretest counseling to provide a risk assessment as a part of pretest HIV counseling • Outlines standards for pretest counseling • Requires health care providers and other providing pretest counseling to offer at least one individual counseling session at the time HIV test results are disclosed
CDC Position	Prevention counseling should not be required with HIV diagnostic testing.
DOH recommendation	Align Board of Health rules with CDC recommendations.
Comments in Support	Supports current recommendation to eliminate individual counseling session and to establish a new requirement for health care providers to contact local public health for post-test counseling
Comments in Opposition or Expressing Concern	Some supported the continued requirement to conduct a risk assessment; others supported the elimination of that requirement. Others recommended that pretest counseling be required – removing this requirement is a lost opportunity to provide HIV education. Many were concerned that without a specific requirement, persons testing positive for HIV infection would not receive post-test counseling or referral for medical care.
DOH Response	A requirement that post-test counseling and referral to medical care be included as part of local health jurisdiction partner services was added.
Proposed Rule Language	<ul style="list-style-type: none"> • Establish the same standards for HIV pretest counseling as for post-test counseling. • Eliminate the requirement that health care providers and others providing post-test counseling offer an individual counseling session at the time test results are disclosed. • Requires healthcare and other providers to contact local public health to provide post-test counseling.

* Community Advocates participating in stakeholder meetings or providing written comment to the Department include: Lifelong AIDS Alliance, BABES, Planned Parenthood of Western Washington, Spokane AIDS Network, Entre Hermanos, Governors Advisory Council on HIV/AIDS, American Civil Liberties Union, Group Health Cooperative, Harborview Medical Center Madison Clinic, Vaccine Trials Unit, Washington State Medical Association, Snohomish County Medical Society and Clark County Medical Society