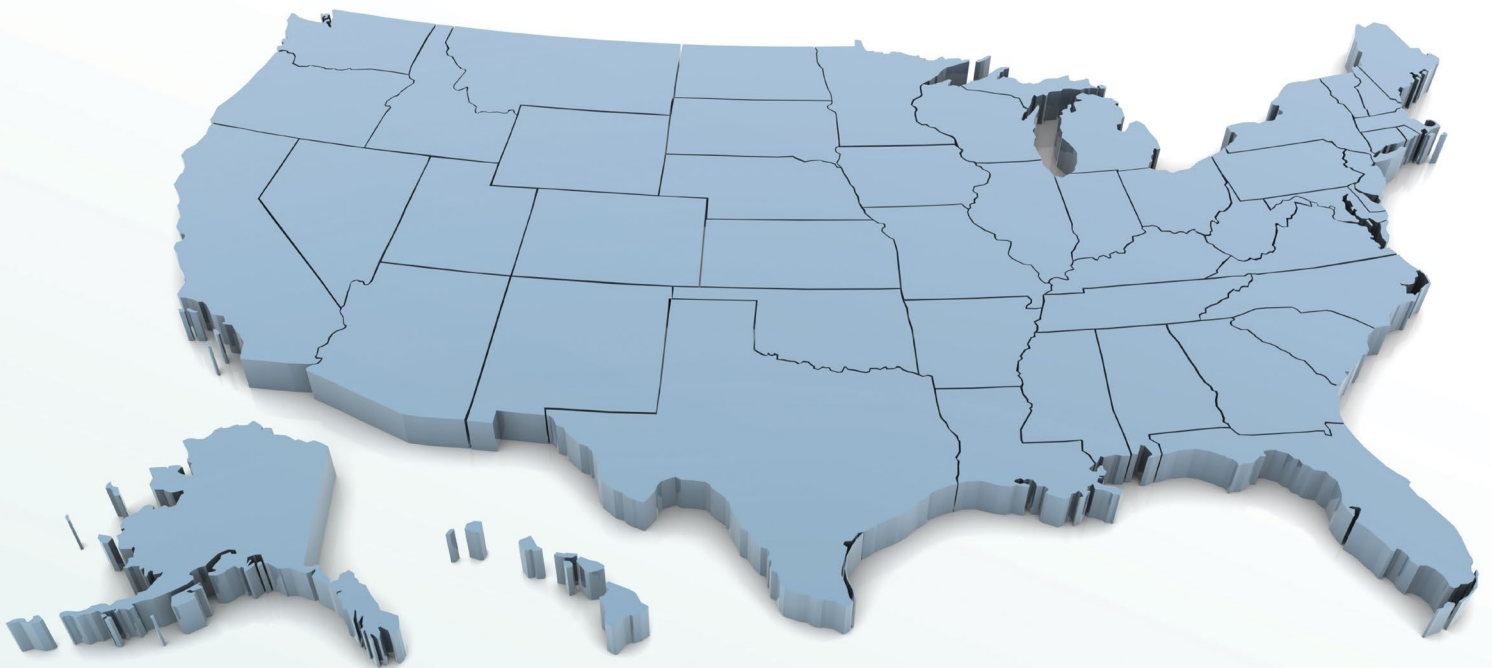


# 2013 STD and HIV Legislative Highlights and Analysis





## TABLE OF CONTENTS

Who We Are	2
2013 Legislative Overview	3
2013 State STD and HIV Policy Highlights and Analysis	4
2013 Legislation by State	12

Nothing contained in this material is intended to influence, support, or defeat any piece of pending or proposed legislation, appropriation, or regulation at any governmental level. This piece is intended for educational purposes only.



## WHO WE ARE:

The National Coalition of STD Directors (NCSD) is a partnership of public health professionals dedicated to promoting sexual health through the prevention of sexually transmitted diseases (STDs). NCSD provides dynamic leadership that strengthens public health STD programs by advocating for effective policies, strategies, and sufficient resources, and by increasing awareness of the medical and social impacts of STDs. We are a membership organization representing health department STD directors, their support staff, and community-based partners across 50 states, seven large cities, and eight U.S. territories. We use the collective knowledge and experience of our members to successfully advocate for STD policies, programs, and funding that help promote and protect the sexual health of every American.

## WHAT YOU WILL FIND IN THIS DOCUMENT:

As part of an effort to educate policymakers and the public about STD and HIV policy, our state policy team tracks and compiles STD-related bills as they move through state legislatures across the country.

This report contains:

- 1) Analysis of several legislative highlights from the 2013 sessions. These are bills that were particularly interesting, controversial, or good examples of trending policy;
- 2) A complete list of STD and HIV legislation from 2013 and a brief description of the bills.

## GET IN TOUCH WITH US:

Please contact our State Policy Team with any questions at 202-842-4660 or via email at [statepolicy@ncsddc.org](mailto:statepolicy@ncsddc.org). You can also visit our website at [www.ncsddc.org](http://www.ncsddc.org) statepolicysection and see the analysis from 2011 and 2012 sessions, and other helpful material. Or, follow us on Twitter @NCSDdc.





As part of NCSD's continued work to inform state elected officials, our partners, and our members about policies that prevent STDs and HIV, we track and analyze STD-related legislation as it moves through statehouses across the country. Each year we track state STD and HIV-related legislation. In 2013, there were approximately 170 bills introduced across the U.S. To put that number in perspective, there were 202 STD and HIV-related bills introduced in 2012 and 176 in 2011. The small decline in the total number of bills introduced in 2013 may be due to the significant number of legislatures that meet only during even years or that have abbreviated sessions during odd-numbered years. In all, approximately 10 percent of the state STD and HIV-related bills passed in 2013. A full list of all STD-related legislation introduced in 2013 can be found in the attached document.



## 2013 STATE STD AND HIV POLICY HIGHLIGHTS AND ANALYSIS:

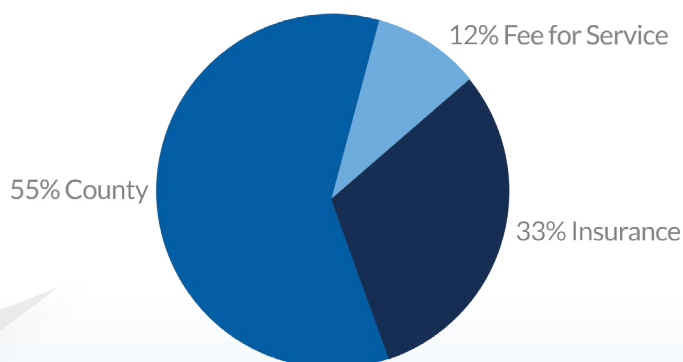
### THIRD-PARTY PAYERS AND BILLING RESTRICTIONS

Typically, state and local STD and HIV programs use a combination of local, state, federal, and commercial funding to provide services. The economic downturn and shrinking investments from both the state and federal governments, however, caused marked declines in funding at all levels for STD and HIV programs.<sup>1</sup> The Affordable Care Act expands Medicaid and commercial insurance access to millions of individuals who were previously uninsured, and often obtained STD, HIV, and other sexual health services at local health departments.<sup>2</sup> With this increase in insurance coverage nationwide comes an increase in the number of health department clients who may be able to use insurance for STD diagnosis and treatment services. Third-party payers like Medicaid and commercial insurance offer STD and HIV programs a potential for diversified revenue streams if they can be charged for the provision of these services.<sup>3</sup>

At the same time, there is significant continued need for the safety net provided by health departments to those clients who are unable to pay or are unwilling to provide insurance information because of concerns

over confidentiality. It is of public health importance that all people who may have been exposed to an STD or HIV be able to obtain testing and treatment, so assuring access to services needs to be considered against the potential to recoup some costs but billing commercial and public third-party payers. But certainly, billing for STD and HIV-related services could help close budget gaps, offset the cost of providing no-cost services to uninsured patients, and free up resources to fund efforts not covered by other funding streams, such as outreach activities.<sup>4</sup>

#### Red Door Clinic Billing



The Red Door Clinic, an STD clinic in Minneapolis, gets 33 percent of its revenue from billing insurance, 12 percent from fee for service, and 55 percent from the county. Insurance billing can be a significant source of potential revenue for a program.<sup>2</sup>



In 2013, legislators in West Virginia introduced Senate Bill 428. This legislation would have removed limitations on health departments seeking to bill for STD care and treatment and HIV testing. The bill would have allowed public health agencies to charge patients or their medical insurance providers for the reasonable cost of testing and treatment; allowing health departments to ask patients if they would be using insurance to pay for their visit. If the patient did not have insurance, or chose not to use it, the patient could receive services for a sliding scale fee. Patients choosing to use insurance would not get charged a co-payment for their visit.

To learn more about billing and potential legal barriers, please visit the policy section of NCSD's website to view our publication, "[Shifting to Third Party Billing Practices for Public Health STD Services: Policy Context and Case Studies](#)." The guide examines the policy issues surrounding third-party billing, and it looks at the programmatic factors that health departments should consider before moving forward with a billing program.<sup>7</sup> There will also be a factsheet on policy barriers to billing posted on the NCSD website in the upcoming weeks. The Centers for Disease Control and Prevention's (CDC) Division of STD Prevention also recently worked with Temple University's Public Health Law Research group to investigate state-level legal barriers to STD clinics (and other public clinics) billing third parties for services. Their new resource, "[The Insurance Billing for Sensitive Health Services: Statutory and Regulatory Analysis](#)," may prove helpful as well.<sup>8</sup>

Expedited partner therapy (EPT) is an option for treating chlamydia and gonorrhea. Usually when a patient tests positive for these STDs, they are treated with antibiotics by a clinician. Treating a patient's sexual partner(s) is crucial to prevent the spread of the infection and the patient becoming reinfected. Conventional methods of ensuring treatment of a patient's sexual partners include: direct contact by the clinician to a patient's sexual partner(s), a patient encouraging his/her partner(s) to visit a clinician, or a patient providing the name(s) of his/her partner(s) to health workers who then attempt to contact the partner(s). EPT, however, enables healthcare professionals to provide patients with either antibiotics or prescriptions for antibiotics that they can give to their sexual partner(s) without requiring a visit by the partner(s) to a health care center.<sup>9</sup>

■ Permissible  
■ Potentially allowable  
■ Prohibited

★ EPT is permissible in Baltimore MD

5

to explicitly allow EPT in its code in 1998, and many states followed suit. In other states, there are statutes that adopt the CDC's STD treatment guidelines, which effectively endorse EPT so long as there is no contrary local statutory provision.<sup>12</sup> As of December 31, 2013, EPT was allowable in 35 states.

Those states that do not allow EPT (red states) often do not have an explicit statutory prohibition against the use of EPT but instead, have statutes that contain detailed stipulations about patient-provider relationships that in effect make the practice of EPT unlawful. In many of these states, there is a requirement that physicians have a preexisting relationship with the patients for whom they are writing a prescription or dispensing medication. Additionally, state statute may require an examination prior to prescribing medication. For example, Oklahoma prohibits a physician from prescribing a drug "without sufficient examination and the establishment of a valid physician-patient relationship."<sup>13</sup> Requirements like these are serious barriers for EPT since a physician would not typically have a preexisting relationship with his/her patients' sexual partner(s).<sup>14</sup>

EPT is legally potentially allowable in these states (tan) based on specific interpretations of ambiguous laws, policy statements supporting EPT, or regulations adopting current CDC STD treatment guidelines that support EPT. In these states, there are no statutes that outlaw EPT such as a requirement that physicians have a preexisting relationship with the individual for whom he/she is writing a prescription or providing medication but these states often have other provisions that make EPT difficult to administer. For example, New Jersey code requires that a prescription must bear the name and address of the patient.<sup>15</sup> Since physicians may not know the name and address of their patient's sexual partner(s), and sometimes, the patient may not know that information either, the name and address requirement can make EPT almost impossible to administer, though not necessarily illegal.<sup>16</sup>

In 2013, several state legislatures took steps to make EPT legal and/or operationally feasible. Those states legislatures were Hawaii (SB 655), Michigan (HB 4736), Kentucky (HB 429), West Virginia (SB 40), Nebraska (LB 528), Vermont (SB 104), and the District of Columbia (B 343). All these EPT bills were similar in that each modified state code to allow a provider without a preexisting relationship to prescribe (or in some cases, dispense) medication without examination in cases where EPT is used for STD treatment. In most cases, these bills also added language to their codes to protect healthcare providers from liability from any poor outcomes associated with EPT use. While poor

outcomes are extremely rare,<sup>17</sup> physician associations tend to be more comfortable with EPT legislation when it contains some liability protection. The Hawaii, Nebraska, and Vermont legislatures successfully passed their EPT bills in 2013 and the DC Council passed theirs early in 2014. The remainder of the bills stalled in committee.<sup>18</sup>

In Hawaii, the EPT legislation passed nearly unanimously through both chambers of the legislature although the bill was not without its detractors.<sup>19</sup> The Hawaii Association for Justice (the state's trial lawyer association) opposed the bill in committee on the grounds that physicians should not have the liability protections proposed in the bill.<sup>20</sup> The Association for Justice cited concerns that a patient's sexual partner(s) would have little recourse if they had an anaphylactic reaction to medications administered or prescribed through EPT. The legislation passed despite that concern.<sup>21</sup> The same issue was raised in other state legislatures attempting to pass EPT legislation; Michigan most notably.<sup>22</sup> Unlike in most other states, in Nebraska, there are no specific provisions about liability.<sup>23</sup>

The proposed legislation considered in Vermont<sup>24</sup> and DC<sup>25</sup> sparked a debate about the scope of EPT. Both bills originally contained language allowing EPT use for trichomoniasis in addition to chlamydia and gonorrhea.<sup>26</sup> Trichomoniasis is considered the most common curable STD. The CDC estimates that 3.7 million people have the infection, but only about 30 percent develop any symptoms.<sup>27</sup> Adding trichomoniasis to the list of infections treatable with EPT was controversial because the CDC recommends the use of EPT only for chlamydia and gonorrhea.<sup>28</sup> Trichomoniasis-specific language was removed from the bill considered by the Vermont legislature. Instead, a provision was added to allow the Vermont Department of Health to issue guidance to health care providers as to which illnesses should be treated with EPT. The Vermont Department of Health can change that guidance in response to the changing public health landscape.<sup>29</sup> Trichomoniasis-specific language did remain in the bill passed by the DC Council in early 2014.

## STDS AND HIV IN THE ADULT FILM INDUSTRY

The California legislature brought one of the more controversial pieces of STD and HIV legislation in 2013. The bill, AB 332, requires producers of adult films to adopt procedures to protect employees from exposure to, and infection by, STDs and HIV. These

procedures include mandatory condom use by performers, regular STD testing and treatment of performers at the expense of the film's production company, required Hepatitis B vaccinations for performers, and sexual health education training for cast and crew.<sup>30</sup>

The bill's chief advocates included the AIDS Healthcare Foundation, the California Medical Society, and several other organizations.<sup>31</sup> The adult film industry creates between 4,000-11,000 films each year with gross revenue of between \$9-13 billion annually. Yet evidence suggests that the industry does not take steps to ensure its thousands of workers are protected from acquiring STDs, including HIV. For example, a 2010 study of adult film actors in Los Angeles County found that 28 percent of actors tested positive for gonorrhea.<sup>32</sup> That figure is quite high given that at any given time less than one percent of the general U.S. population is infected with gonorrhea.<sup>33</sup>

Advocates of the bill stated that all workers deserve a safe workplace. Because of the unique nature of the adult film industry, they believe a special effort is needed to keep its performers healthy. Opponents of the bill cited concerns about free speech infringement. Representatives from the adult film industry also stated that the STD and HIV testing standards already put in place by its governing health board are sufficient to protect worker safety, making additional regulation unnecessary.

The bill passed easily through two Assembly committees before stalling in the Assembly Appropriations Committee. Concerns over the cost of enforcing the law, among other issues, kept it from advancing further.<sup>34</sup> In 2012, Los Angeles County placed an initiative on its ballot requiring condom use in the adult film industry. The initiative passed 57 percent to 43 percent. The initiative, which is now law, only applies to films made in Los Angeles County, whereas SB 332 would have applied to the entire state.<sup>35</sup>

## STD AND HIV PREVENTION IN CORRECTIONAL FACILITIES

In 2013, legislation was introduced in several states addressing STD and HIV prevention and testing in correctional facilities. Those states included New York (AB 3496/8146), Mississippi (HB 1546/306), California (AB 999), Arkansas (SB 654), and Idaho (SB 1059).

In 2008 (the most recent year for which information is available), 1.4% of the total prison population in the United States were reported to be living with HIV or

AIDS.<sup>36</sup> In 2007 (the most recent year for this information), the rate of confirmed AIDS cases among state and federal prisons was about 2.4 times the rate of the general US population.<sup>37</sup> In 2010, there were an estimated 146 HIV/AIDS cases per 10,000 inmates.<sup>38</sup> Studies indicate that inmates have sex while in prison, typically without the use of condoms.<sup>39</sup> The statistics are even more alarming for other STDs such as chlamydia. The CDC estimates that 6.9 percent of the adult female prison population has chlamydia.<sup>40</sup> However, the national prevalence is approximately 0.65 percent<sup>41</sup>—a ten-fold difference.

A 2007 analysis conducted by the U.S. Department of Justice (DOJ) revealed that despite these staggering statistics, only about 33 percent of state and federal prisons conduct mandatory HIV testing, approximately 20 percent are conducting mandatory chlamydia testing, and a mere seven percent of correctional facilities make condoms available to prisoners.<sup>42</sup> Testing inmates both when they enter and again before they leave a correctional setting could help identify newly positive individuals and perhaps help them obtain referral to care.

In 2013, each piece of legislation that was introduced took a slightly different approach to addressing the STD and HIV epidemics in prisons. New York's AB 3496, for example, requires the New York Department of Corrections to supply all inmates, upon their discharge, with information about HIV prevention and locations where they can get free testing.<sup>43</sup> That bill was slightly less assertive compared to Mississippi's HB 1546/HB306, which required the Department of Corrections to provide inmates with HIV testing upon discharge from state custody.<sup>44</sup> Both of these bills died in committee.

Neither of the proposed bills in Mississippi nor New York addressed the spread of HIV and other STDs while inmates were incarcerated but California's AB 999 did attempt to do that. AB 999 required that the state Department of Corrections create and execute a plan to provide inmates with access to condoms.<sup>45</sup> The legislation also required that the condoms used in the California correctional facilities be donated to the Department by various non-profit and private organizations so that the state would not have to incur the cost of the program. The bill passed both chambers but was ultimately vetoed by Governor Jerry Brown. In his veto message Governor Brown stated that, "the Department currently allows family visitors to bring condoms for the purpose of the family overnight visitation program. While expansion of the program may be warranted, the Department should evaluate



and implement this expansion carefully and within its existing authority.”<sup>46</sup>

Because individuals with STDs and HIV may be incarcerated and incarcerated individuals do have sex, there are strong reasons to have testing and treatment both at intake and prior to release. But with today’s budgetary restrictions there are also necessary balancing acts that must be done. In 2013, both Idaho and Arkansas enacted legislation which reduced correctional setting STD and HIV testing requirements.

In Arkansas, the State Legislature passed SB 654, now Act 440, amending the Arkansas Code to remove language that required that before an inmate was released, the Department of Corrections would provide testing and screening for HIV and counseling regarding treatment options in the inmate tested positive.<sup>47</sup> According to the Department of Corrections, since 2007 when mandated testing prior to release became law, more than 36,000 individuals have been tested with just two positives and eliminating the test would save the state Department of Corrections approximately \$120,000 per year.<sup>48</sup> Prison officials are required to test prisoners as they enter the corrections system and an inmate can still request a test upon release.

In Idaho, prior to enacting SB 1059, Section 39-604 of the Idaho Code required that all inmates received mandatory STD and HIV tests upon entry and release from, state correctional facilities.<sup>49</sup> SB 1059, which is now law in Idaho, requires that all inmates be tested for STDs and HIV upon entry into an Idaho correctional facility. Upon release from the facility, inmates may ask for another STD and HIV test, but those tests are not required. The bill’s statement of purpose indicates that the bill is designed to save the state correctional department money and better align its testing protocols with best medical practices.<sup>50</sup> It is unclear which best practice guidelines this legislation references. For example, recommendations by the United States Preventive Services Task Force (USPSTF) include screening all patients 15 to 65 years for HIV.<sup>51</sup>

## **PREEXPOSURE PROPHYLAXIS (PrEP) ACCESS**

PrEP, preexposure prophylaxis, is the use of daily oral antiretroviral medication to reduce the risk of acquiring HIV infection in adults. When used consistently, PrEP has been shown to greatly reduce the risk of HIV infection. The US Public Health Service recommends that clinicians evaluate their male and female patients

who are sexually active or injection drug users and consider offering PrEP as one prevention option to those who are at substantial risk of acquiring HIV infection. Once PrEP is initiated, patients should return for follow-up approximately every three months and at least every 6 months, STD testing is recommended for those that are sexually active.<sup>52</sup>

The Illinois Legislature introduced legislation (HB 22) to ensure that health plans provide coverage for pre-exposure prophylaxis (PrEP).<sup>53</sup> PrEP is the use of HIV medication as a prevention tool for people at very high risk of contracting HIV who are HIV-negative. Studies show that individuals who are HIV-negative can take HIV medications to reduce their risk of contracting HIV.<sup>54</sup> However, HIV treatment as a prevention method must be used in combination with other prevention strategies, including correct and consistent condom use. According to the [CDC PrEP guidelines](#), it is critical that individuals who are taking medication to prevent the spread of HIV work closely with health care providers to make sure they are free of STDs, including HIV, before beginning a PrEP regimen.<sup>55</sup> The PrEP guidelines issued by CDC also recommend HIV testing, even for asymptomatic individuals, every three months.<sup>56</sup>

The exciting evidence of HIV treatment as a prevention tool holds the most promise if individuals who start medication remain on medication (regardless of HIV status) and do not contract other STDs. In addition to requiring health plans to cover PrEP, the original version of HB 22 required insurers to cover all HIV vaccines. No HIV vaccines have been approved by the FDA to date. However, the objective of the legislation was to ensure that any future FDA approved vaccine be automatically covered by insurers. The bill sponsors likely anticipated that many insurers would not cover expensive HIV vaccinations. The bill was, however, amended on the House floor to instead only cover PrEP medications. The legislation ultimately died in the Rules Committee.<sup>57</sup>

The need for the legislation at present is worth noting. Current practices suggest that public and commercial insurance plans are currently honoring prescription coverage of PrEP/HIV medications at their regular coinsurance/copayments levels without verifying an individual’s HIV status. However, this practice may be subject to change as PrEP becomes a more widely used HIV prevention strategy and must be monitored should a policy remedy be warranted.

## HUMAN PAPILLOMAVIRUS (HPV) AND RELATED DISEASES

Each year, about 12,000 women in the United States are diagnosed with cervical cancer;<sup>58</sup> it is the second leading cancer killer among women worldwide.<sup>59</sup> Most cases of cervical cancer are caused by the human papillomavirus (HPV).<sup>60</sup> Gardasil, a vaccine made by Merck, protects against the two types of HPV (16 and 18) responsible for most cervical cancers. It also immunizes against HPV types HPV 6 and 11, which cause 90 percent of genital warts.<sup>61</sup> Additionally, Cervix, made by GlaxoSmithKline, is a vaccine that also protects against HPV types 16 and 18. The Advisory Committee on Immunization Practices recommends routine vaccination of females aged 11 or 12 years with 3 doses of either Gardasil or Cervix.<sup>62</sup> The CDC recommends the HPV vaccine for all boys aged 11 or 12 years old up to age 21, and for men who have sex with men up to age 26.<sup>63</sup> Since boys and men can also contract genital warts and HPV-related cancers, vaccination is critical for both sexes.

Despite the many protective benefits of HPV vaccination, coverage rates remain low. Just over half of girls surveyed by CDC between the ages of 13 and 17 years completed the series by their 13th birthdays. Less than 10 percent of boys aged 13-17 years received all three recommended doses of HPV vaccine.<sup>64</sup> The vaccine remains steeped in controversy largely because of its association with sex and sexually transmitted disease.



Only 33.4% of adolescent girls ages 13-17 have received all three doses in the HPV vaccine series



For boys this number is 6.8%

Several state legislatures considered legislation related to HPV prevention and treatment. A complete list of these bills can be found in the legislative tracking section of this document. Some of those bills related specifically to appropriations for cervical cancer prevention funds and general breast and cervical cancer awareness programs. Others focused specifically on HPV vaccination, including expanding the vaccination requirement for boys (Virginia HB 1646), encouraging voluntary vaccination (New York AB 766), and sending information on HPV vaccination home to parents and

guardians of sixth graders (Florida SB 146 and Georgia HB 162). The South Carolina House of Representatives passed HB 3236 to allow the Department of Health and Environmental Control to offer the vaccine to students enrolling in seventh grade, but the bill died in Committee on Medical Affairs in the Senate.

Legislators in Indiana introduced Bill 1464 to add immunizations for several infectious diseases, including HPV, to the immunizations that pharmacists are allowed to administer to individuals. Young people who are age 11 and older can receive a pharmacist administered HPV vaccination, but current law provides that individuals must be at least 18 years old to consent to vaccination. Immunization data can be exempt from the immunization data registry if the individual or the parent of the individual receiving the immunization completes a written exemption form. Some individuals and parents may be concerned about privacy and may not want to have their HPV vaccination on record.

The Indiana Code pertaining to professions and occupations added pneumonia, tetanus, diphtheria, acellular pertussis, HPV, and meningitis to the list of immunizations a pharmacist may administer, broadening the public health focus of the bill and de-emphasizing the often-sexualized nature of the vaccine. By expanding immunization authority to pharmacists, policymakers expanded access to a vaccine that can save women's lives. Pharmacists play a critical role in providing affordable, accessible, and quality health care, and they are uniquely positioned in the health care system to reach vulnerable populations in need of vaccinations.<sup>65</sup> The bill passed and was signed by the Governor.

Reducing HPV and related diseases, such as genital warts and cancer, is a public health priority. Additional helpful information on cervical cancer and HPV can be found on the Women in Government website ([womeningovernment.org](http://womeningovernment.org)). Visit their Oncology Policy Resource Center to learn more about HPV policy.<sup>66</sup>

## CONCLUSION

Policy development is a core function of public health. We hope this analysis and catalog of state STD and HIV legislation will help you understand what state policies have been considered to prevent disease and improve sexual health. Please do not hesitate to contact us with questions about policies in your state. NCSD has an excellent state policy team that is equipped to identify effective policies and educate lawmakers about the importance of advancing STD prevention and sexual health.

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## 2013 LEGISLATION BY STATE

### Key to Legislation Status Notation

<b>No status noted:</b>	Bill introduced, and in most cases has been referred to a committee to be considered.
<b>In House/In Senate:</b>	Bill is being considered by the full House or full Senate, and in most cases has been approved by a committee.
<b>Passed House/Senate:</b>	Bill passed the House or Senate, and is being considered by the other body.
<b>Died in Committee:</b>	Bill referred to a committee which did not approve the bill.
<b>Ref. Committee:</b>	Bill referred to a committee for consideration.
<b>To Governor:</b>	Bill has been sent to Governor for consideration.
<b>Signed by Governor:</b>	Bill has been signed into law by the Governor.
<b>Filed:</b>	Bill has been filed but not introduced.
<b>Enrolled:</b>	Refers to the final status of a resolution or proclamation that does not carry the weight of law.
<b>Chaptered:</b>	Bill is law.

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
AR	HB 1521	<ul style="list-style-type: none"> <li>Allows a victim of certain sexual criminal offenses to require testing of a defendant for sexually transmitted diseases</li> </ul>	Died in Committee
	SB 654	<ul style="list-style-type: none"> <li>Repeals several requirements of the department that were required prior to the release that required the department to provide testing or screening for HIV, and to provide counseling regarding treatment options if the inmate tested positive for HIV.</li> </ul>	Signed by Governor
AZ	SB 1276	<ul style="list-style-type: none"> <li>Relates to Human Immunodeficiency Virus (HIV) related testing; relates to consent; relates to confidentiality; relates to exceptions.</li> </ul>	Ref. Committee
	HB 2218	<ul style="list-style-type: none"> <li>Relates to unlawful exposure; relates to sexually transmitted diseases.</li> </ul>	Held by Judiciary Comm

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
AR	HB 1521 SB 654	<ul style="list-style-type: none"> <li>Allows a victim of certain sexual criminal offenses to require testing of a defendant for sexually transmitted diseases.</li> <li>Concerns the discharge and release of an inmate from the custody of the department of correction; repeals several requirements of the department that were required prior to the release that required the department to provide testing or screening for HIV, and to provide counseling regarding treatment options if the inmate tested positive for HIV</li> </ul>	Withdrawn  Signed by Gov. (Act No. 440)
CA	SB 249	<ul style="list-style-type: none"> <li>Authorizes the State Department of Public Health to share health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White-funded programs who may be eligible for services under the Patient Protection and Affordable Care Act with participating entities in health care coverage expansions under the act.</li> </ul>	In Assembly
	AB 446	<ul style="list-style-type: none"> <li>Provides that a medical care provider or a person administering a HIV test to provide a patient with information about risk reduction strategies and information after the test results are received. Requires informed consent. Requires consent recording in the patient's medical record. Requires patients in a certain age group who have consented to the test to be offered such test. Specifies the manner of results notification.</li> </ul>	In Assembly
	AB 332	<ul style="list-style-type: none"> <li>Requires an employer engaged in the production of an adult film to adopt procedures to protect employees from exposure to, and infection by, sexually transmitted diseases, including engineering and work practice controls, an exposure control plan, hepatitis B vaccinations, medical monitoring, and information and training on health and safety.</li> </ul>	In Committee
	AB 336	<ul style="list-style-type: none"> <li>Excludes the possession of one of more condoms as evidence of a violation of disorderly conduct provisions, including engaging in solicitation for prostitution.</li> </ul>	In Assembly
	AB 506	<ul style="list-style-type: none"> <li>Authorizes a social worker or the treating health care provider to provide consent for an HIV test to be performed on an infant under one year of age when the infant has been taken into temporary custody or has been, or has a petition filed with the court to be, adjudged a dependent child of the court and the infant is undergoing a physical examination or receiving medical care.</li> </ul>	In Committee
	AB 999	<ul style="list-style-type: none"> <li>Requires a plan to extend the availability of condoms in all state prisons. Requires a specified number of prisons to be incorporated into the program each year. Requires a comprehensive plan to include every prison in the state by the final year.</li> </ul>	Vetoed by Gov.
	SB 528	<ul style="list-style-type: none"> <li>Provides for the rights of dependent children to consent to specified types of medical and other care, including the diagnosis and treatment of sexual assault, medical care relating to the prevention or treatment of pregnancy, treatment of infectious, contagious and communicable diseases, mental health treatment and treatment for alcohol and drug abuse. Relates to state subsidized child development services. Encourages child welfare agencies to update the case plans for pregnant and parenting teens.</li> </ul>	In Assembly
	ACR 46	<ul style="list-style-type: none"> <li>Proclaims May 19, 2013 as Viral Hepatitis Awareness Day.</li> </ul>	Enrolled
	AB 640	<ul style="list-style-type: none"> <li>Authorizes a city, county, or city and county to adopt and enforce a local ordinance that protects against the exposure of workers to blood or other potentially infectious materials during the filming or production of an adult film.</li> </ul>	Ref. Committee
	SB 1303	<ul style="list-style-type: none"> <li>Requires a health care practitioner to offer a qualifying individual a hepatitis C screening test or diagnostic test unless the practitioner reasonably believes that the individual is being treated for a life threatening emergency. Requires the practitioner, if the individual consents to such testing, to offer followup health care or to refer the individual to a practitioner who can provide followup health care. Requires such testing to be culturally and linguistically appropriate.</li> </ul>	Ref. Committee
	SCR 109	<ul style="list-style-type: none"> <li>Provides that the Legislature recognizes April 2014 as National STD Awareness Month and recognizes April 10, 2014, as National Youth HIV and AIDS Awareness Day.</li> </ul>	Introduced



ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
CO	HB 1081	<ul style="list-style-type: none"> <li>• Adds language to the content standards for the instruction of comprehensive human sexuality education; requires such education to stress the importance of abstinence; creates the comprehensive human sexuality education grant program.</li> </ul>	Signed by Governor
	SB 208	<ul style="list-style-type: none"> <li>• Provides that a participant in an approved syringe exchange program shall be exempt from the provisions of existing law regarding drug paraphernalia.</li> </ul>	In Senate
	HB 1045	<ul style="list-style-type: none"> <li>• Concerns the continuation of the breast and cervical cancer prevention and treatment program; provides for appropriations from the breast and cervical cancer prevention and treatment fund or, when moneys in the fund are insufficient to fully fund the program, the general fund.</li> </ul>	Ref. Committee
	SB 173	<ul style="list-style-type: none"> <li>• Concerns the recommendation that certain persons be offered a test for the hepatitis c virus.</li> </ul>	In Senate
CT	HB 6644	<ul style="list-style-type: none"> <li>• Relates to biomedical research grants for specified fields, including cancer and tobacco-related diseases, breast cancer and cervical cancer early detection services, a report regarding underinsured women, licensing and inspection of certain hospitals, failure to conform to certain professional standards, IV therapy physician assistants, optometrist and dental hygienist education, water treatment plant operators, and other matters.</li> </ul>	In House
DC	B 343	<ul style="list-style-type: none"> <li>• Relates to the Expedited Partner Therapy Act of 2013.</li> </ul>	Ref. Committee
	MO 126	<ul style="list-style-type: none"> <li>• Reestablishes the Mayor's Commission on HIV/AIDS.</li> </ul>	Effective
	MO 127	<ul style="list-style-type: none"> <li>• Orders appointments to the Mayor's Commission on HIV/AIDS.</li> </ul>	Effective
DE	SB 12	<ul style="list-style-type: none"> <li>• Adds advanced emergency technicians and paramedics in the performance of their duties to the class of victims that raises the level of certain offenses to a class A misdemeanor; relates to offensive touching or striking with any bodily fluids; provides that the defendant shall be tested for communicable diseases.</li> </ul>	Passed, Chapter No. 64
FL	SB 146	<ul style="list-style-type: none"> <li>• Requires that information regarding Human Papillomavirus, its effects, and available vaccines be provided to parents or guardians of all children entering grade 6; requires that the Department of Health approve information for dissemination by the Department of Education.</li> </ul>	Died in Comm.
	HB 195	<ul style="list-style-type: none"> <li>• Deletes requirement that EMTs, paramedics, and 911 public safety telecommunicators complete course on HIV and AIDS; redefines basic life support and advanced life support for purposes of provisions governing emergency medical transportation; revises period for review of comprehensive state plan for EMTs and programs.</li> </ul>	Ref. to SB 520
	SB 520	<ul style="list-style-type: none"> <li>• Deletes a requirement that emergency medical technicians, paramedics, and 911 public safety telecommunicators complete an educational course on HIV and AIDS; revises requirements for the certification and recertification of emergency medical technicians and paramedics; revises requirements for institutions that conduct approved programs for the education of emergency medical technicians and paramedics.</li> </ul>	Passed, Chapter No. 2013-128
	HB 735	<ul style="list-style-type: none"> <li>• Authorizes DOH to establish needle and syringe exchange program; provides criteria for program; provides that distribution of Needles and syringes under program is not violation of Florida Comprehensive Drug Abuse Prevention and Control Act or any other law; provides conditions under which program staff member or participant may be prosecuted.</li> </ul>	Died in Committee

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
FL	SB 808	<ul style="list-style-type: none"> <li>Relates to needle and syringe exchange program; authorizes the Department of Health to establish a needle and syringe exchange program; provides that the distribution of needles and syringes under the program is not a violation of the Florida Comprehensive Drug Abuse Prevention and Control Act or any other law; provides conditions under which a program staff member or participant may be prosecuted, etc.</li> </ul>	Died on Calendar
	SB 1328	<ul style="list-style-type: none"> <li>Provides that informed consent to perform an HIV test to identify the human immunodeficiency virus, or its antigen or antibody, must be obtained from a legal guardian or other person authorized by law for certain persons; revises the situations in which test results may be released.</li> </ul>	Died in Committee
	HB 1255	<ul style="list-style-type: none"> <li>Provides that informed consent to perform HIV test must be obtained from legal guardian or other person authorized by law for certain persons; revises situations in which test results may be released.</li> </ul>	Ref. Committee
	SB 1520	<ul style="list-style-type: none"> <li>Amends statutes relating to the Medicaid program and Medicaid funding; relates to rural hospitals, Medicaid hospital reimbursement, graduate medical education, and disproportionate share hospital programs; relates to a prospective payment system for inpatient hospital services using diagnosis-related groups, reimbursement for inpatient services, responsibility for Medicaid payments in settlement proceedings, managed care for recipients with HIV/AIDS and county contributions.</li> </ul>	Passed, Chapter No. 2013-48, companion bill(s) passed HB 939 and SB 1500
GA	HB 162	<ul style="list-style-type: none"> <li>Requires public schools to provide parents or guardians of sixth grade students information concerning human papillomavirus including the availability of a vaccination against such virus, provides for related matters, repeals conflicting laws.</li> </ul>	Ref. Committee
	HR 112	<ul style="list-style-type: none"> <li>Recognizes and commends the Center for Women Policy Studies and its work to address the impact of HIV/AIDS on women and girls.</li> </ul>	Adopted in House
	HB 104	<ul style="list-style-type: none"> <li>Relates to prestige license plates and special plates of certain persons and vehicles; provides for special license plates for veterans; provides for a special license plate for the AIDS Survival Project and designate the special license plate funds for AID Atlanta; provides for a special license plate supporting the Appalachian Trail Conservancy; provides for a special license plate supporting the Atlanta Braves Foundation and the foundation's philanthropic activities and charitable sponsorships.</li> </ul>	Died in Committee
	SB 121	<ul style="list-style-type: none"> <li>Relates to prestige license plates and special plates; clarifies the provision of special license plates for veterans; provides for the special license plate for the AIDS Survival Project and designate the special license plate funds for AID Atlanta; provides for the special license plate supporting the Appalachian Trail Conservancy; provides for special license plate for the Atlanta Braves Foundation and the foundation's philanthropic activities and charitable sponsorships.</li> </ul>	Signed by Governor
HI	SB 527	<ul style="list-style-type: none"> <li>Appropriates funds for the Comprehensive Breast and Cervical Cancer Control Program.</li> </ul>	In House
	SB 655	<ul style="list-style-type: none"> <li>Allows health care professionals, subject to certain requirements, to treat the partners of patients diagnosed with chlamydia or gonorrhea by dispensing or prescribing medication to the partner without examining the partner; provides protection from criminal liability, legal liability, and disciplinary action for health care professionals who provide expedited partner therapy as authorized.</li> </ul>	Signed by Governor
	HB 1274	<ul style="list-style-type: none"> <li>Prohibits a health care facility or health care provider from discriminating against a person who has HIV, AIDS, or ARC, and who is in need of an organ transplantation by refusing to perform the organ transplantation; establishes that persons with HIV, AIDS, or arc shall not be prohibited from receiving an anatomical gift.</li> </ul>	In House

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
HI	HB 407	<ul style="list-style-type: none"> <li>Appropriates funds for the Comprehensive Breast and Cervical Cancer Control Program.</li> </ul>	In House
	HR 66/HCR 82/ SCR 86	<ul style="list-style-type: none"> <li>Urges all health care providers in Hawaii that perform organ transplantation to consider placing HIV-positive patients who need an organ transplant on an organ transplant wait list.</li> </ul>	In House
	HB 2445	<ul style="list-style-type: none"> <li>Requires the Department of Education to disseminate information, approved by the Department of Health, about human papillomavirus to the parents of students entering sixth grade.</li> </ul>	Introduced
	HB 2039	<ul style="list-style-type: none"> <li>Appropriates \$100,000 to the Department of Health for the Comprehensive Breast and Cervical Cancer Control Program.</li> </ul>	Introduced
IA	SF 215	<ul style="list-style-type: none"> <li>Relates to HIV transmission criminal penalty repeal.</li> </ul>	Filed
	SB 250	<ul style="list-style-type: none"> <li>Relates to the consent to and notification of individuals regarding HIV-related tests and test results; provides that the law provides for consent to undergoing voluntary HIV-related tests, including a provision that allows a legal guardian to provide consent if the individual who is the subject of the test is unable to do so; provides that, unless a minor is unable to provide consent, only the minor's consent is required to undergo the HIV-related test and the consent of the minor's legal guardian is not.</li> </ul>	Ref. Committee
	SB 363	<ul style="list-style-type: none"> <li>Provides that a person commits a class C felony when the person knows the person is infected with a contagious or infectious disease and exposes an uninfected person to the contagious or infectious disease with the intent that the uninfected people contract the contagious or infectious disease.</li> </ul>	In Senate
	SB 202	<ul style="list-style-type: none"> <li>Includes provisions that relate to programs and services under the purview of the Department of Public Health; relates to the membership of the system evaluation and quality improvement committee for the trauma system in the state, county reimbursement for investigations and autopsies for specified persons receiving emergency medical treatment or children, HIV home test kits and a minor's legal consent to tobacco cessation services.</li> </ul>	Signed by Gov.
	D. 1392	<ul style="list-style-type: none"> <li>Relates to HIV transmission criminal penalty repeal.</li> </ul>	Filed
	HF 174	<ul style="list-style-type: none"> <li>Relates to the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 and its application to Medicaid; amends the reference in the Medicaid eligibility provisions to the providers of breast cancer screenings to provide that any nonprofit organization, not only specifically the Susan G. Komen foundation, which funds screenings provided to women who meet the federal requirements may provide the screening for the program; also directs the department of human services to submit a medical...</li> </ul>	Ref. Comm
	SB 312	<ul style="list-style-type: none"> <li>Relates to the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 and its application to Medicaid; amends the reference in the Medicaid eligibility provisions to the providers of breast cancer screenings to provide that any nonprofit organization, not only specifically the Susan g. Komen foundation, which funds screenings provided to women who meet the federal requirements may provide the screening for the program; also directs the department of human services to submit a medical.</li> </ul>	Ref. Comm
	HB 441	<ul style="list-style-type: none"> <li>Creates a licensed social worker loan repayment program administered by the college student aid commission; applicants for the program must enter into an agreement with the commission, agreeing to work for a specific period of time in a critical human service area, defined as a geographic area in Iowa with a shortage of social workers in health, mental health, substance abuse, aging, HIV/AIDS, victim, or child welfare concerns, or communities with multilingual needs.</li> </ul>	Ref. Comm.



ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
IA	SB 330	<ul style="list-style-type: none"> <li>Creates a licensed social worker loan repayment program administered by the college student aid commission; applicants for the program must enter into an agreement with the commission, agreeing to work for a specific period of time in a critical human service area, defined as a geographic area in Iowa with a shortage of social workers in health, mental health, substance abuse, aging, hiv/aids, victim, or child welfare concerns, or communities with multilingual needs.</li> </ul>	Ref. Comm.
ID	SB 1059	<ul style="list-style-type: none"> <li>Amends existing law relating to the control of venereal diseases to revise provisions relating to the examination for and treatment of certain diseases of persons confined or imprisoned in any state prison facility in Idaho.</li> </ul>	Signed by Governor
IL	HB 1076	<ul style="list-style-type: none"> <li>Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code to make changes to the provision concerning hepatitis education, outreach, and prevention; makes changes in the provisions concerning the General Assembly's findings and declarations and the Advisory Council on Viral Hepatitis</li> </ul>	Ref. Committee
	HB 22	<ul style="list-style-type: none"> <li>Provides that group and individual policies of accident and health insurance and managed care plans must provide coverage for drugs for pre-exposure prophylaxis to reduce the likelihood of HIV infection among high-risk populations rather than for vaccine</li> </ul>	Ref. Committee
	HB 61	<ul style="list-style-type: none"> <li>Amends the Communicable Disease Prevention Act; repeals a Section that provides that whenever a child of school age is reported as having been diagnosed as having AIDS or HIV or as having been shown to have been exposed to HIV or any other causative agent of AIDS by testing positive on a certain test, prompt and confidential notice of the identity of the child shall be given to the principal of the school in which the child is enrolled.</li> </ul>	Signed by Gov (Public Act No. 98-0353)
	HR 39	<ul style="list-style-type: none"> <li>Designates February 7, 2013, as National African- American HIV/AIDS Awareness Day in the state.</li> </ul>	Resolution Adopted
	SR 48	<ul style="list-style-type: none"> <li>Designates the date of February 7, 2013 as National African-American HIV/AIDS Awareness Day in the State; changes the number of residents of the state living with HIV and the percentage of those diagnosed with HIV who are African-American.</li> </ul>	Resolution Adopted
	SB 1710	<ul style="list-style-type: none"> <li>Amends the Communicable Disease Prevention Act; makes a technical change in a Section concerning the authority of the Department of Public Health to pay for health insurance coverage on behalf of HIV- infected persons.</li> </ul>	Ref. Committee
	HB 2675	<ul style="list-style-type: none"> <li>Makes changes to provide that each class or course in comprehensive sex education offered in any of grades 6 through 12 shall include instruction on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases, including HIV/AIDS; makes changes to provide that all classes that teach sex education and discuss sexual intercourse in grades 6 through 12 shall emphasize that.</li> </ul>	Enrolled Public Act No. 441
	HB 2336	<ul style="list-style-type: none"> <li>Amends the Communicable Disease Prevention Act; makes a technical change in a Section concerning the authority of the Department of Public Health to pay for health insurance coverage on behalf of HIV- infected persons.</li> </ul>	Ref. Committee
	HB 997	<ul style="list-style-type: none"> <li>Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code to make changes to the provision concerning hepatitis education, outreach, and prevention; makes changes in the provisions concerning the General Assembly's findings and declarations and the Advisory Council on Viral Hepatitis.</li> </ul>	In House
	HB 3140	<ul style="list-style-type: none"> <li>Appropriates \$ 23,802,660 from the General Revenue Fund to the Department of Public Health for expenses of programs related to Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus.</li> </ul>	Ref. Committee

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
IL	SB 2354	<ul style="list-style-type: none"> <li>• Makes changes to provide that each class or course in comprehensive sex education offered in any of grades 6 through 12 shall include instruction on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases, including HIV/AIDS; makes changes to provide that all classes that teach sex education and discuss sexual intercourse in grades 6 through 12 shall emphasize that.</li> </ul>	Ref. Committee
	SB 1911	<ul style="list-style-type: none"> <li>• Creates the Hepatitis C Task Force to develop strategies to identify and address the unmet needs of persons with hepatitis C in order to enhance the quality of life of such persons, develop strategies to provide such persons with greater access to treatments, and develop strategies to improve hepatitis C education and awareness.</li> </ul>	Signed by Gov. (Public Act No. 493)
	SB 2611	<ul style="list-style-type: none"> <li>• Provides that for drugs for the treatment of AIDS or severe mental illness, the Department of Healthcare and Family Services shall take into consideration the potential for non-adherence by certain populations, and shall develop protocols with organizations or providers primarily serving those with HIV/AIDS or those with severe mental illness.</li> </ul>	Ref. Committee
	HB 0080	<ul style="list-style-type: none"> <li>• Amends the Communicable Disease Prevention Act; makes changes to the provision concerning children of school age who are reported as having been diagnosed as having AIDS or HIV; provides that the information contained in the notification to be required of the Department of Public Health with regard to a child enrolled in a public school in kindergarten through fifth grade who is diagnosed as being infected with HIV must not be recorded in the child's permanent record.</li> </ul>	Died in Committee
	HR 202	<ul style="list-style-type: none"> <li>• Shows support for the goals and ideals of the National Day of Silence in bringing attention to anti-lesbian, gay, bisexual, and transgender name-calling, bullying, and harassment faced by individuals in schools.</li> </ul>	Ref. Committee
IN	SB 454	<ul style="list-style-type: none"> <li>• Requires instruction in public schools and accredited nonpublic schools on human sexuality or sexually transmitted diseases to be based on information that is factual, medically accurate, and age appropriate.</li> </ul>	Ref. Committee
	HB 1464	<ul style="list-style-type: none"> <li>• Adds immunizations for pneumonia, tetanus, diphtheria, acellular pertussis, and human papillomavirus infection to the immunizations that a pharmacist is allowed to administer to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if certain requirements are met; provides that if a physician uses a protocol, the protocol may apply only to an individual or group of individuals who.</li> </ul>	Signed by Governor
	HB 1498	<ul style="list-style-type: none"> <li>• Prohibits a person from being compelled to obtain or discriminated against or penalized for refusing; coverage for abortion, contraception, or sterilization in a health plan if the person objects to the coverage on moral or religious grounds; prohibits a person from being: compelled to provide or offer or discriminated against or penalized for declining or refusing to provide or offer; coverage for abortion, contraception, or sterilization in a health.</li> </ul>	Ref. Committee
KY	HB 107	<ul style="list-style-type: none"> <li>• Requires that a defendant, after a finding of probable cause or the issuance of an indictment for a sexual offense and upon the request of the victim of the offense or parent or guardian of the victim, shall be compelled to undergo a human immunodeficiency virus test no later than 48 hours after the request; provides for follow-up testing.</li> </ul>	Ref. Comm.
	HB 358	<ul style="list-style-type: none"> <li>• Requires immunization against human papillomavirus for female children 9 to 16 years of age and male children 10 to 16 years of age entering sixth grade; requires written statements to withhold consent for immunizations to be included with the file on immunization certificates; permits parents to withhold consent for immunization against human papillomavirus for any reason.</li> </ul>	Ref. Committee

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
KY	HB 429	<ul style="list-style-type: none"> <li>Creates definitions and establish authority and standards for expedited partner therapy.</li> </ul>	Ref. Committee
LA	SR 44	<ul style="list-style-type: none"> <li>Recognizes the week of April 22nd thru 29th, 2013, as The World Primary Immunodeficiency Week</li> </ul>	Passed Senate
	HCR 90	<ul style="list-style-type: none"> <li>Creates a task force to study and evaluate the effectiveness of sexual health education programs used throughout the state and other States.</li> </ul>	Passed Senate
	SR 175/HR 164	<ul style="list-style-type: none"> <li>Requests DHH to study the most effective means by which to ensure open access to HIV/AIDS and Hepatitis C medication by persons enrolled in Medicaid managed care.</li> </ul>	Passed House
	HR 218	<ul style="list-style-type: none"> <li>Urges and requests DHH to study feasibility and impact of requiring Medicaid providers to offer hepatitis C and HIV testing.</li> </ul>	Passed House
ME	SP 39	<ul style="list-style-type: none"> <li>This bill proposes to review and update the structure and duties of the Maine HIV Advisory Committee.</li> </ul>	In House
	LR 2495	<ul style="list-style-type: none"> <li>Funds the Maine HIV education and prevention program within the Department of Education.</li> </ul>	Introduced
MD	HB 149	<ul style="list-style-type: none"> <li>Repeals a requirement that the AIDS Prevention Sterile Needle and Syringe Exchange Program in Baltimore City provide for the exchange of used hypodermic Needles and syringes for sterile hypodermic Needles and syringes on a one-for-one basis; alters the name of the Program.</li> </ul>	Withdrawn
	SB 492	<ul style="list-style-type: none"> <li>Authorizes the creation of a State Debt not to exceed \$ 250,000, the proceeds to be used as a grant to the Board of Directors of AIDS Interfaith Residential Services, Inc. for the acquisition, planning, and design of the AIDS Interfaith Residential Services office building, located in Baltimore City; provides for disbursement of the loan proceeds, subject to a requirement that the grantee provide and expend a matching fund.</li> </ul>	Died in Committee
	HB 1154	<ul style="list-style-type: none"> <li>Repeals the crime of knowingly transferring or attempting to transfer the human immunodeficiency virus (HIV) to another individual.</li> </ul>	Withdrawn
	HB 314	<ul style="list-style-type: none"> <li>Alters authority of the State Board of Morticians and Funeral Directors to discipline the holders of funeral establishment licenses; makes a technical correction; relates to the disciplinary authority of the State Board of Morticians and Funeral Directors and funeral establishment licenses; prohibits discrimination against a licensed employee because of HIV/AIDS status.</li> </ul>	Chaptered (No. 243)
MA	HB 333	<ul style="list-style-type: none"> <li>Requires parental notification and consent prior to implementing age appropriate sexual health education in the schools.</li> </ul>	In House
	HB 450	<ul style="list-style-type: none"> <li>Relates to age appropriate sexual health education.</li> </ul>	Ref. Committee
	HB 1328	<ul style="list-style-type: none"> <li>Establishes a HIV testing procedure in correctional institutions in the Commonwealth.</li> </ul>	In House
	HB 1972	<ul style="list-style-type: none"> <li>Relates to testing persons convicted of sexual assault for the HIV virus.</li> </ul>	In House
	HB 2021	<ul style="list-style-type: none"> <li>Relates to establishing a program for viral hepatitis prevention, screening, treatment and education within the Department of Public Health.</li> </ul>	In House



ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
MA	HB 2085/2618	<ul style="list-style-type: none"> <li>Relates to modernizing HIV/AIDS prevention and treatment.</li> </ul>	In House
	HB 2107	<ul style="list-style-type: none"> <li>Relates to the exposure of public safety officials to the AIDS virus or infectious hepatitis.</li> </ul>	In House
	HB 2327	<ul style="list-style-type: none"> <li>Relates to disability benefits for health care workers, police officers, fire fighters and emergency medical technicians infected with AIDS or the HIV virus.</li> </ul>	Ref. Committee
	SB 1148	<ul style="list-style-type: none"> <li>Provides for HIV testing for at risk police officers.</li> </ul>	Ref. Committee
	SB 1089	<ul style="list-style-type: none"> <li>Relates to home generates sharps management.</li> </ul>	Ref. Committee
	SB 1024	<ul style="list-style-type: none"> <li>Protects crime victims exposed to the AIDS virus and infectious hepatitis.</li> </ul>	Ref. Committee
	HB 1902	<ul style="list-style-type: none"> <li>Relates to needle stick injury prevention in public health facilities.</li> </ul>	Ref. Committee
MI	HB 5138/SB 101	<ul style="list-style-type: none"> <li>Provides for fund-raising plate for the State Breast and Cervical Cancer Control Program.</li> </ul>	In Senate
	HB 4736	<ul style="list-style-type: none"> <li>Authorizes expedited partner therapy; provides immunity from civil, criminal, and administrative liability under certain circumstances.</li> </ul>	In Senate
	HR 165	<ul style="list-style-type: none"> <li>Declares July 28, 2013, as Viral Hepatitis Awareness Day in the state of Michigan.</li> </ul>	In Senate
	HB 4721	<ul style="list-style-type: none"> <li>Provides for age appropriate, medically accurate, and objective sexuality education.</li> </ul>	Ref. Committee
	HB 5047	<ul style="list-style-type: none"> <li>Creates fund-raising and collector registration plate for breast cancer; earmarks revenue to breast and cervical cancer control program.</li> </ul>	Ref. Committee
	HR 51	<ul style="list-style-type: none"> <li>Declares March 2013 as Women and Girls HIV/AIDS Awareness Month in the state of Michigan.</li> </ul>	Adopted
	HR 139	<ul style="list-style-type: none"> <li>Expresses the sense of this legislative body that the state of Michigan should continue its efforts to reduce the high rates of teen pregnancies.</li> </ul>	Ref. Committee
	HR 165	<ul style="list-style-type: none"> <li>Declares July 28, 2013, as Viral Hepatitis Awareness Day in the state of Michigan. Enrolled, Public Act No. 207</li> </ul>	Adopted
MN	HB 1537/SB1883	<ul style="list-style-type: none"> <li>Relates to human services; appropriates money for the Aliveness Project.</li> </ul>	Ref. Committee
	SB 741	<ul style="list-style-type: none"> <li>Relates to public health; provides grants to reduce reproductive health disparities for Somali women; appropriates money.</li> </ul>	Ref. Committee
MO	HB 889	<ul style="list-style-type: none"> <li>Changes the laws regarding sex education in schools; establishes the Compassionate Assistance for Rape Emergencies Act, the Birth Control Protection Act, and a women's health services program.</li> </ul>	Died in Committee
	HB 1008	<ul style="list-style-type: none"> <li>Changes the laws regarding school course materials and instruction relating to human sexuality and sexually transmitted diseases.</li> </ul>	Ref. Committee
	HB 490	<ul style="list-style-type: none"> <li>Requires the prosecuting or circuit attorney to file a motion for the court-ordered sexually transmitted disease testing of a defendant charged with certain sexual offenses.</li> </ul>	Died in Committee

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
MS	HB 199	<ul style="list-style-type: none"> <li>Requires all persons who are recipients of benefits under the Medicaid program, the children's health insurance program, and the state and school employees health insurance plan to be tested or screened annually for the use of illegal drugs, abuse of alcohol, hepatitis b and c, tuberculosis and sexually transmitted diseases; provides that the cost of that testing or screening shall be covered as a benefit under each respective program or plan.</li> </ul>	Died in Committee
	HB 46	<ul style="list-style-type: none"> <li>Requires all local school districts to provide programs of education in home economics/family dynamics to students in grades 7 through 9; requires course work to include instruction in birth to age three development, financial management and household finances, and teen pregnancy prevention; requires that the curriculum and course-work focus on the role of the family by addressing concerns of the community and global society.</li> </ul>	Died in Committee
	HB 540	<ul style="list-style-type: none"> <li>Directs the department of human services, state department of health and the division of Medicaid to prepare videos for presentation in the offices in which Temporary Assistance for Needy Families benefits, snap benefits, food through the WIC program, Medicaid assistance and Children's Health Insurance Program benefits are provided by those agencies; provides that the videos shall provide information on prenatal health care, sexually transmitted diseases, abstinence education, and preventive birth control.</li> </ul>	Died in Committee
	HB 1546	<ul style="list-style-type: none"> <li>Provide that all offenders who are in the custody of the department of corrections shall be tested for HIV upon release from the custody of the department; requires such testing to be conducted by the department of health.</li> </ul>	Died in Committee
	HB 1268	<ul style="list-style-type: none"> <li>Provide that sexual risk avoidance education shall be the state standard for sex- related education offered in public schools.</li> </ul>	Died in Committee
	HB 211	<ul style="list-style-type: none"> <li>Requires all persons who are recipients of benefits under the Medicaid program, the Children's Health Insurance Program, and the state and school employees health insurance plan to be tested or screened annually for the use of illegal drugs, abuse of alcohol, hepatitis b and c, tuberculosis and sexually transmitted diseases; provides that the cost of that testing or screening shall be covered as a benefit under each respective program or plan.</li> </ul>	Died in Committee
	HB 213	<ul style="list-style-type: none"> <li>Requires the Department of Human Services and the Department of Health to develop certain programs and strategies promoting pregnancy prevention and providing information on the consequences of unprotected, uninformed and underage sexual activity.</li> </ul>	Died in Committee
	HB 220	<ul style="list-style-type: none"> <li>Requires the Department of Human Services to provide teenage Temporary Assistance for Needy Families recipients with information and referral to programs that provide information about birth control, prenatal health care, abstinence education, marriage education, parenting skills, family preservation and fatherhood; requires that Temporary Assistance for Needy Families recipients to participate in certain educational activities emphasizing abstinence.</li> </ul>	Died in Committee
	HB 306	<ul style="list-style-type: none"> <li>Provides that all offenders who are in the custody of the Department of Corrections shall be tested for HIV upon release from the custody of the department.</li> </ul>	Died in Committee
	HB 326	<ul style="list-style-type: none"> <li>Makes an appropriation to the state department of health for the purpose of providing funds for HIV/AIDS education.</li> </ul>	
	HB 343	<ul style="list-style-type: none"> <li>Makes an appropriation to the state department of health for the purpose of developing, establishing and operating two STD/HIV specialty clinics for the fiscal year 2014.</li> </ul>	Died in Committee
	HB 344	<ul style="list-style-type: none"> <li>Makes an appropriation to the State Department of Health for the purpose of supporting the Breast and Cervical Cancer Program of the department for the fiscal year 2014.</li> </ul>	Died in Committee

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
MS	SB 2003	<ul style="list-style-type: none"> <li>• Makes an appropriation to the State Department of Health for the purpose of establishing and operating two STD/HIV specialty clinics in underserved areas of the state, for the fiscal year ending June 30, 2014.</li> </ul>	Died in Committee
	HCR 101/ SCR 578	<ul style="list-style-type: none"> <li>• Recognizes and pays tribute to pediatric HIV specialist Dr. Hannah Gay and the team of researchers at the University of Mississippi Medical Center and Johns Hopkins Children's Center for describing the first functional HIV cure in an infant.</li> </ul>	Enrolled
MT	SB 107	<ul style="list-style-type: none"> <li>• Revises the definition of deviate sexual conduct; makes changes concerning tort actions based on childhood sexual abuse, testing for HIV-related viruses or other sexually transmitted diseases, and related matters.</li> </ul>	Ref. Committee
NC	HB 481	<ul style="list-style-type: none"> <li>• Reduces needle stick injuries among law enforcement officers, emergency responders, and others by excluding needles, syringes, and other injection equipment from the list of items designated as drug paraphernalia; decriminalizes the use, possession, manufacture, and delivery of injection equipment under the North Carolina drug paraphernalia act.</li> </ul>	Ref. Committee
	HB 694	<ul style="list-style-type: none"> <li>• Requires that parents provide written permission to schools before their children receive certain instruction in reproductive health and safety; ensures the incorporation of character education throughout the curriculum.</li> </ul>	Ref. Committee
	HB 933	<ul style="list-style-type: none"> <li>• Reorganizes the public health statutes pertaining to HIV/AIDS testing; updates informed consent requirements for HIV/AIDS testing.</li> </ul>	Ref. Committee
NE	LB 619	<ul style="list-style-type: none"> <li>• Relates to schools; to define terms; to require instruction in sexual health education; to provide 3 curriculum requirements; and to provide for rules and regulations.</li> </ul>	Ref. Committee
	LB 528	<ul style="list-style-type: none"> <li>• Provides for partner treatment relating to sexually transmitted diseases.</li> </ul>	Signed by Governor
NJ	AB 3760/SB 2597	<ul style="list-style-type: none"> <li>• Requires that certain HIV testing be performed within 48 hours of request by victim.</li> </ul>	Passed, Chapter 140
	SB 2979	<ul style="list-style-type: none"> <li>• Provides for disclosure of person's medical records related to AIDS or HIV infection for investigations or prosecutions of crime of diseased person committing act of sexual penetration; makes crime ineligible for expungement.</li> </ul>	Ref. Committee
	AB 4380	<ul style="list-style-type: none"> <li>• Provides for disclosure of person's medical records related to AIDS or HIV infection for investigations or prosecutions of crime of diseased person committing act of sexual penetration; makes crime ineligible for expungement.</li> </ul>	In Assembly
NM	SB 300	<ul style="list-style-type: none"> <li>• Makes an appropriation to support a Hepatitis C program through project extension for community healthcare outcomes at the university of New Mexico health sciences center.</li> </ul>	Ref. Committee
	SB 310	<ul style="list-style-type: none"> <li>• Repeals sections of the NMSA 1978 relating to testing of viral hepatitis, confidentiality and penalties.</li> </ul>	Ref. Committee



ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
NM	SB 311	<ul style="list-style-type: none"> <li>Amends the human immunodeficiency virus test act to allow the Department of Health to disclose human immunodeficiency virus test results for the purpose of conducting human immunodeficiency virus surveillance, investigation and intervention; declares an emergency.</li> </ul>	Ref. Committee
NV	AB 362	<ul style="list-style-type: none"> <li>Provides for the establishment of the HIV/AIDS Drug Donation Program.</li> </ul>	In Committee
NY	AB 766	<ul style="list-style-type: none"> <li>Encourages voluntary, informed vaccination against human papillomavirus (HPV).</li> </ul>	Ref. Committee
	SB 1407	<ul style="list-style-type: none"> <li>Establishes the department of corrections shall provide an inmate, upon his or her discharge, with educational information about the prevention of HIV.</li> </ul>	Ref. Committee
	SB 2069	<ul style="list-style-type: none"> <li>Directs the study of the severity, frequency of occurrence, likelihood of recurrence, existing animal vaccines and potential human vaccines for tuberculosis, eastern equine encephalitis virus, Lyme disease, human immunodeficiency virus, and others as determined by the commissioner; requires report.</li> </ul>	Ref. Committee
	AB 3215	<ul style="list-style-type: none"> <li>Directs the granting of four hours of excused leave to public officers and employees of this state, any county, any municipality or school district, to undertake screening for cervical cancer.</li> </ul>	Ref. Committee
	AB 2305	<ul style="list-style-type: none"> <li>Requires an attending physician to provide notification to peace officers, firefighters, ambulance workers and other paid or volunteer emergency personnel of exposure to HIV infected persons where such individuals came in contact with such HIV infected persons; directs medical care facilities to develop written procedures.</li> </ul>	Died in Committee
	SB 3710	<ul style="list-style-type: none"> <li>Provides that possession of a condom may not be received in evidence in any trial, hearing or proceeding as evidence of prostitution, patronizing a prostitute, promoting prostitution, permitting prostitution, maintaining premises for prostitution, lewdness or assignation, or maintaining a bawdy house.</li> </ul>	Ref. Committee
	SB 3566	<ul style="list-style-type: none"> <li>Relates to the definition of term "sexual intercourse" as such term applies to sex offenses.</li> </ul>	Ref. Committee
	SB 311	<ul style="list-style-type: none"> <li>Amends the human immunodeficiency virus test act to allow the Department of Health to disclose human immunodeficiency virus test results for the purpose of conducting human immunodeficiency virus surveillance, investigation and intervention.</li> </ul>	Ref. Committee
	AB 1919	<ul style="list-style-type: none"> <li>Authorizes expedited partner therapy for chlamydia trachomatis and other sexually transmitted infections and makes such provisions permanent.</li> </ul>	Ref. Committee
	AB 3496/ SB 2189	<ul style="list-style-type: none"> <li>Establishes the department of corrections and community supervision shall provide an inmate, upon his or her discharge, with educational information about the prevention of human immunodeficiency virus (HIV), instructions about how to obtain free HIV testing and referrals to community-based HIV prevention, education and counseling resources.</li> </ul>	Ref. Committee
	AB 7845	<ul style="list-style-type: none"> <li>Relates to provision of certified home health agency services, long term home health care programs and AIDS home care programs.</li> </ul>	Ref. Committee
	AB 497	<ul style="list-style-type: none"> <li>Provides treatment for sexually transmitted diseases to minors without a parent's or guardian's consent.</li> </ul>	Ref. Committee
	AB 2736	<ul style="list-style-type: none"> <li>Provides that possession of a condom may not be received in evidence in any trial, hearing or proceeding as evidence of prostitution, patronizing a prostitute, promoting prostitution, permitting prostitution, maintaining premises for prostitution, lewdness or assignation, or maintaining a bawdy house.</li> </ul>	Introduced

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
NY	AB 8146	<ul style="list-style-type: none"> <li>Relates to prenatal and postnatal care and testing and prevention of sexually transmitted diseases and HIV for prisoners.</li> </ul>	Ref. Committee
	AB 1286	<ul style="list-style-type: none"> <li>Requires hospitals to offer hepatitis C screening testing to adults except in an emergency, if the patient has had such screening or the person lacks capacity to give informed consent.</li> </ul>	Ref. Committee
OH	SB 39	<ul style="list-style-type: none"> <li>Requires insurance providers to cover human papillomavirus screenings and vaccines.</li> </ul>	Ref. Committee
	HB 92	<ul style="list-style-type: none"> <li>Authorizes the establishment of syringe exchange programs.</li> </ul>	In Senate
	HB 112	<ul style="list-style-type: none"> <li>Allows taxpayers to contribute a portion of their income tax refunds to the Ohio Breast and Cervical Cancer Project; requires each income tax refund contribution category to generate \$250,000 annually or be canceled.</li> </ul>	Enacted
	SB 143	<ul style="list-style-type: none"> <li>Authorizes the release of criminal records information relating to arrests and delinquent child adjudications; regulates the confidentiality of personal information related to community service block grants; relates to a community alternative sentencing center, alternative sentencing, DUI offender proof of financial responsibility, HIV testing of persons charged with sexual offenses and prison nursery program disqualifications and restitution for accidents or collision.</li> </ul>	Ref. Committee
OK	SB 539	<ul style="list-style-type: none"> <li>Relates to medical examinations of arrested persons; relates to testing arrested persons for sexually transmitted infections; requires certain test to be performed within certain time period; provides an effective date.</li> </ul>	Ref. Committee
PA	HR 38	<ul style="list-style-type: none"> <li>Recognizes February 7, 2013, as "National Black HIV/AIDS Awareness Day".</li> </ul>	In House
	HB 1847	<ul style="list-style-type: none"> <li>Amends the act of November 29, 1990 (P.L.585, No.148), known as the Confidentiality of HIV-Related Information Act; provides for definitions, for certification of significant exposure and testing procedures, for confidentiality of records and for court order.</li> </ul>	Ref. Committee
SC	HB 3435	<ul style="list-style-type: none"> <li>Relates to the requirement that the state board of education provide an instructional unit in comprehensive health education to local school districts; requires this unit be provided biennially; relates to the requirement that local school districts implement comprehensive health education programs; provides reproductive health instruction be medically accurate in addition to existing requirements.</li> </ul>	Ref. Committee
	HB 3236	<ul style="list-style-type: none"> <li>Enacts the cervical cancer prevention act; provides that beginning with the 2013-2014 school year, the Department of Health and environmental control may offer the cervical cancer vaccination series to adolescent students enrolling in the seventh grade of any public or private school in this state; provides that no student is required to have the vaccine before enrolling in or attending school; provides that the department may develop an informational brochure related to offering this vaccination.</li> </ul>	Ref. Committee
TN	HB 271	<ul style="list-style-type: none"> <li>Requires health care providers in certain health care facilities to ask patients whether they wish to be tested for HIV/AIDS</li> </ul>	Ref. Committee

ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
TN	SB 266	<ul style="list-style-type: none"> <li>Expands presumptive disability in acquiring certain infectious diseases in the line of duty by emergency rescue workers beyond HIV/AIDS to include hepatitis C virus.</li> </ul>	Ref. Committee
	SB 486	<ul style="list-style-type: none"> <li>Requires health care providers in certain health care facilities to ask patients whether they wish to be tested for HIV/AIDS.</li> </ul>	Ref. Committee
TX	HB 755	<ul style="list-style-type: none"> <li>Relates to Local Government; expands presumptive disability in acquiring certain infectious diseases in the line of duty by emergency rescue workers beyond HIV/AIDS to include hepatitis C virus.</li> </ul>	No status noted
	HB 365	<ul style="list-style-type: none"> <li>Relates to the provision of and parental approval for a student's participation in human sexuality and family planning instruction in public schools.</li> </ul>	Ref. Committee
	HB 1057	<ul style="list-style-type: none"> <li>Relates to HIV and AIDS tests and to health benefit plan coverage of HIV and AIDS tests.</li> </ul>	Died in Committee
	HB 1119	<ul style="list-style-type: none"> <li>Relates to HIV and AIDS tests and to health benefit plan coverage of HIV and AIDS tests</li> </ul>	Ref. Committee
	SB 521	<ul style="list-style-type: none"> <li>Relates to the provision of and parental approval for a student's participation in human sexuality and family planning instruction in public schools.</li> </ul>	Ref. Committee
	HB 1566	<ul style="list-style-type: none"> <li>Relates to testing of a juvenile for a sexually transmitted disease or human immunodeficiency virus (HIV) upon the filing of a petition alleging delinquent conduct.</li> </ul>	Died in Committee
	HB 2598	<ul style="list-style-type: none"> <li>Relates to AIDS, HIV, and hepatitis education and testing for inmates, state jail defendants, and employees of the Texas Department of Criminal Justice.</li> </ul>	Died in Committee
	SB 1183	<ul style="list-style-type: none"> <li>Relates to testing of a juvenile for a sexually transmitted disease or human immunodeficiency virus (HIV) upon the filing of a petition alleging delinquent conduct.</li> </ul>	Ref. Committee
	HB 984	<ul style="list-style-type: none"> <li>Requires the Department of State Health Services to prepare and make available to the public on its Internet Website information about acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV); requires the information to inform an applicant for a marriage license.</li> </ul>	Signed by Governor
UT	SB 98	<ul style="list-style-type: none"> <li>Creates the class B offense of propelling a bodily substance at another person; creates the class A offense of propelling a bodily substance, including saliva if the offender knows he or she is infected with HIV, hepatitis B, or hepatitis C and the substance or material comes in contact with another person's face or open wound; provides definitions.</li> </ul>	In Senate
VT	SB 104	<ul style="list-style-type: none"> <li>Relates to Expedited Partner Therapy.</li> </ul>	Signed by Governor
VA	HB 1614	<ul style="list-style-type: none"> <li>Eliminates language limiting the requirement for the human papillomavirus vaccine to female children, so that all children will be required to be vaccinated against human papillomavirus, with the first dose administered before the child enters the sixth grade, subject to certain exceptions in current law.</li> </ul>	Died in Committee
	HJ 724	<ul style="list-style-type: none"> <li>Designates May 19, in 2013 and in each succeeding year, as Hepatitis B Awareness Day in Virginia.</li> </ul>	Enrolled



ST	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
WA	HB 1262/2107	<ul style="list-style-type: none"> <li>• Eliminates the disparate treatment of HIV in the criminal justice system.</li> </ul>	Ref. Committee
	SB 5454	<ul style="list-style-type: none"> <li>• Concerns the testing of infants placed in out-of- home care whose human immunodeficiency virus is unknown.</li> </ul>	Ref. Committee
WV	SB 40	<ul style="list-style-type: none"> <li>• Permits expedited partner therapy.</li> </ul>	Ref. Committee
	HB 2523	<ul style="list-style-type: none"> <li>• Relates to treatment for a sexually transmitted disease.</li> </ul>	Ref. Committee
	SB 201	<ul style="list-style-type: none"> <li>• Permits prescribing of antibiotics to sexual partners of a patient; requires patient counseling; requires information materials be prepared by the Department of Health and Human Resources; provides limited liability for providing expedited partnership therapy; requires legislative rules regarding what is considered a sexually transmitted disease; provides that physicians, physician assistants, pharmacists and advanced nurse practitioners are not subject to disciplinary action for providing treatment.</li> </ul>	Ref. Committee
	SB 428	<ul style="list-style-type: none"> <li>• Removes limitations on billing patients for HIV and sexually transmitted disease testing or sexually transmitted disease treatment done by state or local public health agencies; clarifies the procedures relating to performing HIV or sexually transmitted disease tests on persons charged with sexual offenses.</li> </ul>	Ref. Committee
	HB 2749	<ul style="list-style-type: none"> <li>• Removes the limitations on billing patients for HIV and sexually transmitted disease testing.</li> </ul>	Ref. Committee
	HCR 131	<ul style="list-style-type: none"> <li>• Supports the goals and ideals of the National Day of Silence in bringing attention to anti-lesbian, gay, bisexual and transgender name-calling, bullying and harassment faced by individuals in schools.</li> </ul>	Ref. Committee



National Coalition of STD Directors

*Promoting Sexual Health  
Through STD Prevention*

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