

ASSEMBLY BILL

No. 2280

Introduced by Assembly Member Leno

February 22, 2006

An act to add Section 120846 to the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2280, as introduced, Leno. HIV counseling.

Existing law provides for various programs relating to treatment of persons with human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS).

This bill would require the State Department of Health Services, no later than July 1, 2007, to develop a counseling model for all persons who receive HIV testing at a publicly funded clinic, containing specified components, including, among other things, risk assessment, data collection, and prevention education.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) The Legislature finds and declares all of the
- 2 following:
- 3 (1) Best practice models of human immunodeficiency virus
- 4 (HIV) counseling that grew out of early HIV testing have not
- 5 kept pace with the changes in the human immunodeficiency virus
- 6 (HIV)/acquired immune deficiency syndrome (AIDS) epidemic.
- 7 (2) The availability of rapid HIV testing, in which a person
- 8 can get a preliminary reading of their HIV status in about 20

1 minutes, has illuminated weaknesses in the current counseling
2 model.

3 (3) The availability of treatment has turned HIV from a virtual
4 death sentence to a managed chronic medical condition.

5 (4) Counseling of persons getting an HIV test has been
6 focused on educating people about HIV prevention techniques,
7 collecting epidemiological data, and referring people with a
8 positive test result to treatment.

9 (5) An increasing number of test subjects are persons at low
10 risk for exposure to HIV, and serial testers are typically those
11 persons who are tested on a regular basis.

12 (6) The current counseling model employs the same tactics
13 regardless of whether the test subject is at low or high risk of
14 exposure and whether the test subject is a first-time tester or is a
15 serial tester.

16 (7) While any person who seeks an HIV test should be able to
17 get one, the limited resources available for testing demand that
18 confidential and anonymous testing clinics be flexible in terms of
19 how counseling is delivered.

20 (b) It is the intent of the Legislature that a new HIV counseling
21 model be developed that allows clinics to increase the number of
22 persons seeking a HIV test to be able to be tested, and
23 appropriately reimburses clinics for the services provided to
24 those persons.

25 SEC. 2. Section 120846 is added to the Health and Safety
26 Code, to read:

27 120846. (a) The department shall, no later than July 1, 2007,
28 develop a counseling model for all persons who receive HIV
29 testing at a publicly funded clinic. The model shall include all of
30 the following components:

31 (1) A brief risk-assessment mechanism developed by the
32 department that allows a clinic to ascertain whether a person
33 seeking testing is at low or high risk of exposure to HIV. This
34 mechanism shall not be used to deny testing to a subject who
35 requests it.

36 (2) A data collection form that shall be self-administered by
37 the test subject, and that includes only questions that must be
38 reported in accordance with existing state and federal
39 epidemiology report requirements. Additional questions may be
40 added only if new state or federal epidemiology reports are

1 required. The form may be completed with the assistance of a
2 counselor at the request of the test subject.

3 (3) A prevention education module that comprehensively
4 covers all pertinent information relative to methods by which a
5 person can protect himself or herself or his or her sexual or
6 needle-sharing partners from exposure to HIV. The module may
7 be administered individually or in small groups.

8 (b) The model shall give flexibility to clinics to determine the
9 extent of counseling provided to a test subject based on a test
10 subject's risk factors or frequency of HIV testing, except that
11 every person shall be subject subdivision (a).

12 (c) The model shall give flexibility to clinics to provide
13 counseling to couples or small groups, as appropriate.

14 (d) The model shall require additional counseling for a test
15 subject whose preliminary test result is positive. This additional
16 counseling shall include, as needed by the test subject, emotional
17 support, information on confirmatory testing, referral to care and
18 treating opportunities, and a review of methods to prevent
19 exposing others to HIV.

20 (e) The department shall develop a reimbursement schedule
21 that accurately reflects the range of services provided under this
22 model. It is the intent of the Legislature that this new model and
23 reimbursement schedule be cost-neutral, except to the extent that
24 there is an increase in the volume of test subjects.