



**Substitute Senate Bill No. 218**

**Public Act No. 16-87**

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS FOR REVISIONS TO THE STATUTES  
REGARDING HUMAN IMMUNODEFICIENCY VIRUS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-124 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2016*):

(a) The Department of Public Health shall establish, within available appropriations, needle and syringe exchange programs [in the three cities having the highest total number of human immunodeficiency virus infections among injection drug users] to enhance health outcomes of people who inject drugs in any community impacted by the human immunodeficiency virus or hepatitis C. The department shall establish protocols in accordance with the provisions of subsection (b) of this section. The department may authorize [similar] programs, [in other areas of the state,] as determined by the commissioner, through local health departments or other local organizations.

(b) The programs shall: (1) Be incorporated into existing human immunodeficiency virus and hepatitis C prevention programs; [in the selected cities;] (2) provide for free and confidential exchanges of

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needles and syringes and (A) provide that program participants receive an equal number of needles and syringes for those returned; and (B) provide that first-time applicants to the program receive an initial packet of [thirty] needles and syringes, educational material and a list of drug counseling services; [and] (3) offer education on [the transmission of] the human immunodeficiency virus, [and] hepatitis C and drug overdose prevention measures and assist program participants in obtaining drug treatment services; (4) provide referrals for substance abuse counseling or treatment; and (5) provide referrals for medical or mental health care.

(c) The department shall [establish requirements] require programs to include an evaluation component to monitor (1) [return rates of needles and syringes distributed] the number of syringes distributed and collected, (2) program participation rates, [and (3) the number of participants who are motivated to enter treatment as a result of the program and the status of their treatment] (3) the number of participants who are referred to treatment, and (4) the incidence of human immunodeficiency virus from injection drug use.

(d) Any organization conducting a needle and syringe exchange program shall submit a report evaluating the effectiveness of the program to the Department of Public Health.

Sec. 2. Section 19a-581 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2016*):

As used in this chapter except where the context otherwise requires:

(1) "Department" means the Department of Public Health;

(2) "Commissioner" means the Commissioner of Public Health;

(3) "AIDS" means acquired immune deficiency syndrome, as defined by the Centers for Disease Control of the United States Public

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Health Service;

(4) "HIV infection" means infection with the human immunodeficiency virus or any other related virus identified as a probable causative agent of AIDS;

(5) "HIV-related illness" means any illness that may result from or may be associated with HIV infection;

(6) "HIV-related test" means any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or indicate the presence of HIV infection;

(7) "Protected individual" means a person who has been counseled regarding HIV infection, is the subject of an HIV-related test or who has been diagnosed as having HIV infection, AIDS or HIV-related illness;

(8) "Confidential HIV-related information" means any information pertaining to the protected individual or obtained pursuant to a release of confidential HIV-related information, concerning whether a person has been counseled regarding HIV infection, has been the subject of an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or information which identifies or reasonably could identify a person as having one or more of such conditions, including information pertaining to such individual's partners;

(9) "Release of confidential HIV-related information" means a written authorization for disclosure of confidential HIV-related information which is signed by the protected individual or a person authorized to consent to health care for the individual and which is dated and specifies to whom disclosure is authorized, the purpose for such disclosure and the time period during which the release is to be effective. A general authorization for the release of medical or other information is not a release of confidential HIV-related information,

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unless such authorization specifically indicates its dual purpose as a general authorization and an authorization for the release of confidential HIV-related information and complies with the requirements of this subdivision;

(10) "Partner" means an identified spouse or sex partner of the protected individual or a person identified as having shared hypodermic needles or syringes with the protected individual;

(11) "Health facility" means an institution, as defined in section 19a-490, blood bank, blood center, sperm bank, organ or tissue bank, clinical laboratory or facility providing care or treatment to persons with psychiatric disabilities or persons with intellectual disability or a facility for the treatment of substance abuse;

(12) "Health care provider" means any physician, dentist, nurse, provider of services for persons with psychiatric disabilities or persons with intellectual disability or other person involved in providing medical, nursing, counseling, or other health care, substance abuse or mental health service, including such services associated with, or under contract to, a health maintenance organization or medical services plan;

(13) "Significant risk of transmission" means [sexual activity that involves] the transfer of one person's blood, semen, vaginal or cervical secretions to another person through sexual activity or sharing of needles during [intravenous] injection drug use. The department may further define significant risk of transmission in regulations adopted pursuant to section 19a-589;

(14) "Significant exposure" means a parenteral exposure such as a needlestick or cut, or mucous membrane exposure such as a splash to the eye or mouth, to blood or a cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially when

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the exposed skin is chapped, abraded, or afflicted with dermatitis. The department may further define significant exposure in regulations adopted pursuant to section 19a-589; and

(15) "Exposure evaluation group" means at least three impartial health care providers, at least one of whom shall be a physician, designated by the chief administrator of a health facility, correctional facility or other institution to determine if a health care or other worker has been involved in a significant exposure. No member of the group shall be directly involved in the exposure. The department may further define exposure evaluation group in regulations adopted pursuant to section 19a-589.

Sec. 3. Subdivision (7) of subsection (a) of section 19a-583 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2016*):

(7) A health care provider or other person in cases where such provider or person in the course of his occupational duties has had a significant exposure to HIV infection, provided the following criteria are met: (A) The worker is able to document significant exposure during performance of his occupation, (B) the worker completes an incident report within forty-eight hours of exposure, identifying the parties to the exposure, witnesses, time, place and nature of the event, (C) the worker submits to a baseline HIV test within seventy-two hours of the exposure and is negative on that test for the presence of the [AIDS] human immunodeficiency virus, (D) the patient's or person's physician or, if the patient or person does not have a personal physician or if the patient's or person's physician is unavailable, another physician or health care provider has approached the patient or person and sought voluntary consent to disclosure and the patient or person refuses to consent to disclosure, except in an exposure where the patient or person is deceased, (E) the worker would be able to take meaningful immediate action as defined in regulations adopted

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pursuant to section 19a-589 which could not otherwise be taken, (F) an exposure evaluation group determines that the criteria specified in subparagraphs (A), (B), (C), (D) and (E) of this subdivision are met and that a worker has a significant exposure to the blood of a patient or person and the patient or person or the patient's or person's legal guardian refuses to consent to release of the information. No member of the exposure evaluation group who determines that a worker has sustained a significant exposure and authorizes the disclosure of confidential HIV-related information nor the health facility, correctional facility or other institution nor any person in a health facility, correctional facility or other institution who relies in good faith on the group's determination and discloses the result shall have any liability as a result of his action carried out under this section, unless such persons acted in bad faith. If the information is not held by a health facility, correctional facility or other institution, a physician not directly involved in the exposure has certified in writing that the criteria specified in subparagraphs (A), (B), (C), (D) and (E) of this subdivision are met and that a significant exposure has occurred;

Sec. 4. Section 19a-593 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2016*):

(a) Each health care provider giving prenatal care to pregnant women in this state shall inform her, or ascertain from the woman's medical record that such information has already been provided to her, that HIV testing is a part of routine prenatal care and shall inform her of the health benefits to herself and her newborn of being tested for HIV infection. Such information shall be conveyed along with the counseling required by section 19a-582. The health care provider shall inform the patient that HIV-related information is confidential pursuant to section 19a-583, as amended by this act. If the patient provides informed consent to an HIV-related test consistent with section 19a-582, the health care provider responsible for HIV

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counseling under this section shall perform or arrange to have performed an HIV-related test and document the test result in the medical record.

(b) If, during the current pregnancy, an HIV-related test has not been documented in the patient's medical record at admission for delivery of the baby, then the health care provider responsible for the patient's care shall inform the pregnant woman as required under subsection (a) of this section and shall also inform her of the health benefits to herself and her newborn of being tested for HIV infection either before delivery or within twenty-four hours after delivery and, in the absence of specific written objection, shall cause such test to be administered.

(c) Any health care provider who administers an HIV-related test to a newborn under the provisions of this section, section 19a-55 or section 19a-90, shall report the results of such test to the mother of such newborn before the mother leaves the hospital or not later than forty-eight hours after the birth of such newborn, whichever is sooner. Such provider shall (1) refer any woman whose newborn tests positive for HIV infection to an human immunodeficiency virus case manager and an appropriate health care provider, and (2) provide such woman with a list of support services for persons with HIV infection and AIDS.

Sec. 5. Sections 19a-54a, 19a-121, 19a-124a and 19a-594 of the general statutes are repealed. (*Effective October 1, 2016*)

Approved June 1, 2016