

New Administrative Rules

The Iowa Administrative Code has recently been updated to clarify medical provider requirements and processes for HIV testing and reporting. See the section entitled *Information and Resources* for copies of Iowa Administrative Code 641, Chapter 11.

Pregnancy and Testing

All pregnant women, including minors, must be tested for HIV infection as part of the routine panel of prenatal tests. The health care provider must make available information about HIV prevention, risk reduction, and how treatment can reduce the risk of transmission of HIV to the fetus. The test should be offered as early in the pregnancy as possible and in the following manner:

- A pregnant woman must be notified that HIV testing is recommended for all prenatal patients, and she will receive the test as part of the routine panel of tests unless she declines it.
- If she declines the test, the decision must be documented in her medical record.
- Pregnant minors must be informed that their legal guardians will be notified if the test is confirmed as positive. They are not required to sign a separate consent form to this effect.

Iowa's Requirements and Guidelines for HIV Testing during Pregnancy can be found in the state's Perinatal Guidelines (see Appendix O).

Information and Resources

Copies of Iowa Code 141A or 139A

See <https://www.legis.iowa.gov/index.aspx>. Use the Iowa Code Quick Search (enter 141A or 139A).

Copies of Iowa Administrative Code 641, Chapter 11

See <https://www.legis.iowa.gov/IowaLaw/AdminCode/adminLaw.aspx>. Use the Administrative Code Quick Search (enter 641.11).

CDC Recommendations for HIV Testing in Health Care Settings

See <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm> for the full set of recommendations.

Epi Manual-Center for Acute Disease Epidemiology

See <http://www.idph.state.ia.us/Cade/Default.aspx> (select HIV).

Iowa Department of Public Health

Bureau of HIV, STD, and Hepatitis
Lucas State Office Building
Des Moines, IA 50319
515-281-6801
<http://www.idph.state.ia.us/HIVStdHep/Default.aspx>

Iowa's Perinatal Guidelines for HIV

See Appendix O in the Perinatal Guidelines at http://www.idph.state.ia.us/hpcdp/statewide_perinatal_care.asp

Partner Notification Services

Questions or Requests for Services
515-242-5141

Public Health Materials Clearinghouse

1-888-398-9696
<http://healthclrhse.org>

Questions on HIV Testing and Iowa Law

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To order more copies call: 1-888-398-9696

HIV Testing and Iowa Law

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Information for
Healthcare Providers

Who Should be Tested?

All health care providers are required to offer HIV testing to anyone at risk for HIV infection, including:

- Men who have had sex with other men;
- Persons testing positive for a sexually transmitted disease;
- Persons with a history of injection drug use;
- Male and female sex workers, and those who trade sex for drugs, money, or favors;
- Sexual partners of HIV-infected persons; and
- Persons whose sexual partners are identified in the groups listed above.

HIV Testing and the Affordable Care Act

The Affordable Care Act (ACA) requires new private health insurance plans to fully cover the costs of all preventive health services that have a rating of A or B from the U.S. Preventive Services Task Force (USPSTF). This means patients pay no deductibles or copayments or otherwise share costs of these services.

Current Recommendations for HIV Testing Include:

- Recommending (rating A) that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
- Recommending (rating A) that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.

Prior to Conducting a Test

At a minimum, the following information must be made available to anyone undergoing an HIV test:

- Explanation of the HIV antibody test;
- Guidance to resources about HIV infection and reducing one's risk of contracting HIV.

Other recommended information includes:

- Explanation that it takes some people up to 3 months after exposure to develop measurable amounts of antibodies, so a negative test may need to be repeated if they have recently engaged in high-risk activities; and
- Guidance to agencies where the patient can access prevention services.

HIV testing brochures and an *HIV Services Directory* are available at no cost at the clearinghouse (<http://healthclrhse.drugfreeinfo.org/>).

Obtaining Consent: Adults

All persons who are able must give consent for an HIV test, but written consent is not required for HIV testing of adults. In particular, a separate written consent solely for the purpose of HIV testing is not required. Iowa Code 141A.6 specifies that if an adult patient signs a general consent form for the performance of medical tests or procedures, no further consent is required (as long as the general consent form is still in effect).

Oral consent will suffice if a general consent form was not signed or is no longer in effect, but written consent is still permissible.

Late Diagnoses – Did you know?

- Nearly half of all diagnoses of HIV in Iowa are late diagnoses. This means that diagnosed people were infected for 8 to 10 years before they were tested.
- Studies show that almost 75% of persons with a late diagnosis had a previous health care visit where an HIV test was not performed.
- 80% of these visits were not related to HIV or to risk factors for HIV.

Obtaining Consent: Minors

Minors have the legal capacity to act and give consent for diagnosis and treatment of sexually transmitted diseases (including HIV) without the consent of a parent, custodian, or guardian (see Iowa Code 139A.35). However, before undergoing an HIV test, a minor must be informed that the legal guardian will be notified by the testing facility if the test is confirmed as positive. Minors must give written consent for HIV testing and treatment services. The consent form should indicate that the minor understands that his or her legal guardian will be notified if the test is confirmed as positive. For testing of pregnant minors, see section entitled *Pregnancy and Testing*.

When Consent Can't Be Given: Adults and Minors

If an individual is unable to give consent, the individual's legal guardian may give consent. If the legal guardian cannot be located or is unavailable, a health care provider may authorize an HIV test when the results are necessary for diagnostic purposes to provide appropriate urgent medical care.

Consent and Occupational Exposure in Clinical Settings

For adult patients, a general consent for medical care includes testing for HIV after an occupational exposure to bodily fluids capable of transmitting HIV or viral hepatitis. The patient should be informed of the testing and of the results in the same manner as other consented patients. If the source patient is a minor, follow the procedures for exposures in non-clinical settings. See Iowa Administrative Code 641, Chapter 11.

Consent and Occupational Exposure in Non-Clinical Settings

If a health care provider (including EMT, peace officer, volunteer) sustains a significant exposure to a potentially infectious bodily fluid and submits a significant exposure report (report forms are available at the clearinghouse), the individual to whom the care provider was exposed is deemed to consent to an HIV test upon certification of the report by an infection preventionist or physician. No further efforts to obtain consent are required. Special handling, labeling, and reporting requirements exist, however. Minors must be informed that their legal guardians will be notified if an HIV test is confirmed as positive. Please consult Iowa Code 139A.19 and Iowa Administrative Code 641, Chapter 11 for further instructions.

Post-test Requirements

Negative Test Results

There are no post-test requirements. If 3 months have not passed since the last high-risk behavior, it is recommended that the client be retested after this period has elapsed.

Positive Test Results

Counseling is required at the time a person is informed of a confirmed positive test result. The counseling must include discussion of:

- The emotional effects of HIV;
- The physical effects of HIV;
- Precautions necessary to avoid transmitting the virus;
- Where to obtain additional counseling; and
- Explanation of the Partner Notification Program (see right).

The patient should be referred to an HIV specialist.

Reporting Positive Test Results

Within 7 days of the receipt of a test result that has been confirmed as positive, or immediately after the first examination or treatment of an individual with HIV, the health care provider must submit a report to the Iowa Department of Public Health. Case report forms are available by calling 515-242-5141.

Births to HIV-infected mothers and deaths of all persons with HIV/AIDS must also be reported.

Specific information on disease reporting can be found in the Epi Manual and Iowa Administrative Code 641, Chapter 11 (see *Information and Resources*).

Partner Notification Services and Third-Party Notification

The department maintains a program to help newly diagnosed persons identify and notify potentially exposed sexual and needle-sharing partners. Disease prevention specialists from the state or local health department help newly diagnosed patients confidentially notify their partners of potential exposures to HIV.

A brochure entitled *Partner Notification*, which describes the program to the patient, is available at the clearinghouse (see *Information and Resources*).

Health care providers may assist the Iowa Department of Public Health's disease prevention specialist with partner notification by providing the name, address, telephone number, date of birth or approximate age, and a brief description of each partner, if possible.

Physicians may also notify sexual or needle-sharing partners directly in some situations. Contact the Iowa Department of Public Health at 515-242-5150 for information on how to notify a partner directly.