



117th MAINE LEGISLATURE

FIRST REGULAR SESSION-1995

Legislative Document

No. 321

S.P. 129

In Senate, January 31, 1995

An Act to Implement the Recommendations of the Maine HIV Advisory Committee Concerning HIV Testing.

Reference to the Committee on Human Resources suggested and ordered printed.

May Th.

MAY M. ROSS Secretary of the Senate

Presented by Senator McCORMICK of Kennebec.

Cosponsored by Senators: BUSTIN of Kennebec, LONGLEY of Waldo, MILLS of Somerset, RAND of Cumberland, Representatives: CHASE of China, DAVIDSON of Brunswick, FITZPATRICK of Durham, SAXL of Bangor, TOWNSEND of Portland, TRUMAN of Biddeford, WATSON of Farmingdale.

2	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 5 MRSA §19201, sub-§§1-A and 1-B are enacted to read:
4	1-A. Bona fide occupational exposure. "Bona fide
6	occupational exposure" means skin, eye, mucous membrane or
	parenteral contact of a person with the blood or other body
8	fluids of another person that results from the performance of
10	duties by the exposed person in the course of employment.
10	1-B. Employer; employer of the person exposed. "Employer"
12	and "employer of the person exposed" include the person exposed
	to the blood or other body fluids of another person if the person
14	exposed is self-employed.
16	Sec. 2. 5 MRSA §19201, sub-§4-A, as enacted by PL 1987, c.
	811, §1, is amended to read:
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20	4-A. HIV test. "HIV test" means a test for the presence of an antibody to HIV or a test for an HIV antigen <u>or other</u>
20	diagnostic determinants specific for HIV infection.
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	Sec. 3. 5 MRSA §19201, sub-§5, as repealed and replaced by PL
24	1987, c. 539, is amended to read:
26	5. HIV infection; HIV infection status. "HIV infection"
	means the state wherein HIV has invaded the body and is being
28	actively harbored by the body. <u>"HIV infection status" means the</u>
30	results of an HIV test.
50	Sec. 4. 5 MRSA §19203, sub-§§2, 4 and 7, as repealed and
32	replaced by PL 1987, c. 811, §3, are amended to read:
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34	2. Designated health care provider. To a health care provider designated by the subject of the test in writing. When
36	a patient has authorized disclosure of HIV test results to a
	person or organization providing health care, the patient's
38	physician <u>health care provider</u> may make these results available
40	only to other health care providers working directly with the patient, and only for the purpose of providing direct medical or
10	dental patient care. Any physician health care provider who
42	discloses HIV test results in good faith pursuant to this
	subsection shallbe is immune from any criminal or civil
44	liability for the act of disclosing HIV test results to other health care providers;
46	hearch care providers;
	4. Certain health care providers. A health care provider
48	who procures, processes, distributes or uses -a- human bedy-part
	denated-for-a-purpese <u>tissue</u> , blood or body fluid from a living

donor, may perform an HIV test on the donor or the tissue, blood or body fluid to ensure medical acceptability of the gift for the 2 purpose intended only after securing written informed consent 4 from the donor. In the event of a positive HIV test, the health care provider must offer post-test counseling to the donor. A health care provider who procures, processes, distributes or uses б human tissue, blood or body fluid from a deceased donor may, without obtaining informed consent to the testing, perform an HIV 8 test in-order on the tissue, blood or body fluid to assure ensure medical acceptability of the gift for the purpose intended. 10 Testing-pursuant-to-this-subsection-dees-not-require-pretest-and 12 post-test-counseling Pretest counseling must be made available upon request of a living donor. The availability of pretest 14 counseling must be added to the consent form;

16 7. Other agencies. To employees of, or other persons designated by, the Department of Corrections, the Department of Human Services and the Department of Mental Health and Mental 18 Retardation, to the extent that those employees or other persons are responsible for the treatment medical or therapeutic care of 20 subjects of the test. Those agencies shall promulgate adopt 22 rules, if needed to conform to statutory amendments, within 90 days of the effective date of this subsection or amendments to this subsection, pursuant to the Maine Administrative Procedure 24 Act, chapter 375, subchapter II, designating the persons or classes of persons to whom the test results may be disclosed; 26

Sec. 5. 5 MRSA 19203-A, sub-100 and 2, as amended by PL 1987, c. 811, 4, are further amended to read:

Individual tested. Except as provided in this section
 and section 19203, subsections 4 and 5, no person may perform an HIV test without first obtaining the written informed consent of
 the person to be tested. Informed consent is not required for repeated HIV testing by health care providers to monitor the
 course of established infection. Anonymous test sites under section 19203-B, are exempt from the requirement that the
 informed consent be in writing.

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Insurers. Persons-required-to-take-an-HIV-test-by-an 40 2. insurer, -- nonprofit - hespital -- or - medical -- service - organization - er 42 nonprofit - health - care - plan - must - provide - their - written - informed eensent-on-forms--approved-by-the-Superintendent-of--Insurance. Pretest An insurer may not require an HIV test except for life 44 insurance policies with a value greater than \$100,000, in which case pretest and post-test counseling must be provided by the 46 person or organization requesting the test. A prospective 48 insurer may not in good faith refuse to issue or renew life insurance to an HIV-tested individual. The Superintendent of

Insurance may--promulgate shall adopt rules to define--language 2 requirements-of-the-form carry out this section.

4 6 Sec. 6. 5 MRSA §19203-A, sub-§4, as enacted by PL 1987, c. 811, §5, is amended to read:

4. Occupational exposure. Consent need not be obtained 8 when a health-care-provider - - an - employee - of - - a- health - care facility-or-a-patient-in-a-health-care-facility-is-exposed-to-the 10 blood-or-body-fluids-of-another-and-the bona fide occupational exposure creates a significant risk of infection provided that a 12 court order has been obtained under section 19203-C. The fact that an HIV test was given as a result of an aeeidental 14 occupational exposure in-a-health-care-facility and the results of that test shall may not appear in a-patient-'s--modical-record any records of the person whose blood or body fluid is the source 16 . of the exposure. Gounseling--on--risk--reduction Pretest and 18 post-test counseling must be offered, --but--the--patient. The subject of the test may choose not to be informed about the result of the test. 20

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Sec. 7. 5 MRSA §19203-A, sub-§6 is enacted to read:

 6. Guardianship. A guardian may consent or withhold consent to HIV testing of the guardian's ward only if the
 guardian has authority to consent or withhold consent to medical treatment for the ward.

Sec. 8. 5 MRSA §19203-C, sub-§1, as amended by PL 1989, c. 30 219, §1, is further amended to read:

32 1. Petition. Any person described-in-subsection-lA-whe has-been-accidentally-exposed to blood or body-fluid-of-a-patient in--a-health--care--facility who experiences a bona fide occupational exposure may petition the District Court with jurisdiction over the health-care facility or other place where the patient-was-being-treated-at-the-time-of-the-accidental exposure occurred to require the patient person whose blood or body fluid is the source of the exposure to submit to an HIV test provided that the following conditions have been met:

A. The exposure to blood or body fluids creates a significant risk of HIV infection, as defined by the Bureau of Health through the promulgation adoption of rules in accordance with the Maine Administrative Procedure Act, chapter 375;

B. The authorized representative of the health--care facility employer of the person exposed has informed the patient person whose blood or body fluid is the source of the accidental occupational exposure and has sought to

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obtain written informed consent from the patient person 2 whose blood or body fluid is the source of the exposure; and Written informed consent was not given by the patient 4 C. person whose blood or body fluid is the source of the exposure and the-patient that person has stated-in-writing 6 the-refusal refused to be tested. 8 Sec. 9. 5 MRSA §19203-C, sub-§1-A, as enacted by PL 1989, c. 10 219, $\S2$, is repealed. Sec. 10. 5 MRSA §19203-C, sub-§3, ¶¶C and D, as enacted by PL 12 1987, c. 811, \S 6, are amended to read: 14 C. The report of the hearing proceedings shall must be No report of the hearing proceedings may be 16 sealed. released to the public, except by permission of the patient 18 er-the-patient's person whose blood or body fluid is the source of the exposure or that person's counsel and with the 20 approval of the court. 22 D. The court may order a public hearing at the request of the patient-or-the-patient's person whose blood or body 24 fluid is the source of the exposure or that person's counsel. Sec. 11. 5 MRSA §19203-C, sub-§§4 to 9, as enacted by PL 1987, 26 c. 811, §6, are amended to read: 28 4. Determination. The court may require the patient person 30 whose blood or body fluid is the source of the exposure to obtain an HIV test only if the petitioner proves, by a preponderance of the evidence, that: 32 34 A. The exposure to blood or body fluids of the patient person created a significant risk of HIV infection as defined by the Bureau of Health through the premulgation 36 adoption accordance of rules in with the Maine 38 Administrative Procedure Act, chapter 375; 40 B. An authorized representative of the health-eare-faeility employer of the person exposed has informed the patient of 42 the accidental occupational exposure and has sought to obtain written informed consent from the patient person 44 whose blood or body fluid is the source of the exposure; and 46 C. Written informed consent was not given by the patient person whose blood or body fluid is the source of the 48 exposure and the-patient that person has stated-in-writing the-refusal refused to be tested. 50

In determining whether to order the test, the court shall consider the balance of benefit and harm to both individuals if the test is ordered.

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5. Consent. The court may not order a patient person whose
blood or body fluid is the source of the exposure to obtain an
HIV test unless the health-care-worker-accidentally employee
exposed to the blood or body fluids of that patient person has
consented to and obtained an HIV test immediately following that
documented exposure.

 6. Costs. The health-care-facility-shall-be employer of the person exposed is responsible for the petitioner's reasonable
 costs related to obtaining the results of an HIV test pursuant to this section, including the payment of the petitioner's
 attorneys' fees.

7. Appeals. A patient person required to undergo an HIV test may appeal the order to Superior Court. The appeal is
limited to questions of law. Any findings of fact of the District Court may not be set aside unless clearly erroneous.

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8. Reporting to bureau and counseling. The health-eare
facility-where-the accidental exposure-took-place employer of the person exposed shall report to the Bureau of Health any case in
which a person is tested pursuant to this section. All tests conducted pursuant to this section shall must be accompanied by
pretest and post-test counseling as defined in section 19204-A.

 30 9. Subsequent testing. Subsequent testing arising out of the same incident of accidental occupational exposure shall must
 32 be conducted in accordance with this section.

34 Sec. 12. 5 MRSA §19203-D, as enacted by PL 1987, c. 811, §6, is amended to read:

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§19203-D. Records

When a medical record entry is made concerning information 40 of a patient's <u>person's</u> HIV infection status, including the results of an HIV test, the following shall apply to the release 42 of that information as a part of the medical record.

1. Authorized release. The patient person who is the subject of an HIV test, at or near the time the entry is made in the medical record, shall elect, in writing, whether to authorize the release of that portion of the medical record containing the HIV infection status information when the patient's that person's medical record has been requested. A new election may be made when a change in the patient's person's HIV infection status

occurs or whenever the patient person makes a new election. The release form shall <u>must</u> clearly state whether or not the patient <u>person</u> has authorized the release of that information. The patient---shall <u>person must</u> be advised of the potential implications of authorizing the release of that information.

 A. When release has been authorized, the custodian of the medical record may release, upon request, the patient's person's medical record, including any HIV infection status information contained in the medical record. Release of HIV infection status information pursuant to this paragraph
 shall is not be a violation of any of the confidentiality provisions of this chapter.

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B. When release has not been authorized, the custodian of
the medical record may, upon request, release that portion
of the medical record which that does not contain the HIV
infection status information. Except as otherwise provided
in this section, HIV infection status information may enly
be released only if the patient person has specifically
authorized a separate release of that information. A
general release form is insufficient.

 24 2. Authorized disclosure. No <u>A</u> medical record containing results of an HIV test may <u>not</u> be disclosed, discoverable or
 26 compelled to be produced in any civil, criminal, administrative or other proceedings without the patient's consent <u>of the person</u>
 28 who is the subject of an HIV test, except in the following cases:

- 30 A. Proceedings held pursuant to the communicable disease laws, Title 22, chapter 251;
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B. Proceedings held pursuant to the Adult Protective Services Act, Title 22, chapter 958-A;

- 36 C. Proceedings held pursuant to the child protection laws, Title 22, chapter 1071;
- D. Proceedings held pursuant to the mental health laws, Title 34-B, chapter 3, subchapter IV, article III; and
- 42 E. Pursuant to a court order upon a showing of good cause, provided that the court order limits the use and disclosure
 44 of records and provides sanctions for misuse of records or sets forth other methods for assuring ensuring
 46 confidentiality.
- 48 3. Utilization review; research. Nothing in this section may be interpreted to prohibit reviews of medical records for utilization review purposes by duly authorized utilization review

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committees or peer review organizations. Qualified personnel
conducting scientific research, management audits, financial audits or program evaluation with the use of medical records may
not identify, directly or indirectly, any individual patient in any report of such research, audit, evaluation or otherwise
disclose patient the identities of persons tested in any manner.

Access by health care providers. Nothing in this section may prohibit access to medical records by the patient's designated health care provider of the person who is the subject of an HIV test in accordance with section 19203, subsection 2.

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5. Confidentiality policy. Health care providers and 14 others with patient access to medical records containing HIV a written policy infection status information shall have 16 providing for confidentiality of all patient information consistent with this chapter. That policy shall must require, at a minimum, termination--of--employment action consistent with 18 disciplinary procedures for violations of the confidentiality 20 policy.

22 Sec. 13. 5 MRSA §19204-A, as amended by PL 1991, c. 803, §4, is further amended to read:

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§19204-A. Counseling

Except as otherwise provided by this chapter, persons who ebtain-an are the subjects of HIV test tests must be offered pretest and post-test counseling. Persons who are authorized by section 19203-C or 19203-E to receive test results after exposure must be offered counseling regarding the nature, reliability and significance of the HIV test and the confidential nature of the test.

1. Pretest counseling. "Pretest counseling" means must 36 include:

- 38 A. Persenal <u>Face-to-face</u> counseling that includes, at a minimum, a discussion of: 40 (1) The nature and reliability of the test being 42 proposed;
- 44 (2) The person to whom the results of the test may be disclosed;
- (3) The purpose for which the test results may beused; and

Any reasonably foreseeable risks and benefits (4) 2 resulting from the test; and (5) Information on good HIV preventive practices and 4 HIV risk reduction plans; 6 (6) The potential implications of authorizing the release of HIV test results as required under section 8 19203-D, subsection 1; and 10 (7) Questions and concerns of the person being counseled pertaining to HIV test results and the 12 social, emotional and legal consequences; and 14 A written memorandum summarizing the contents of the в. discussion concerning at least the topics listed in 16 paragraph A, subparagraphs (1) to (6) given to the person being counseled. A written informed consent form may be 18 used to satisfy the requirement for a written memorandum in 20 this paragraph if it contains all the required information. A written consent form does not satisfy the requirement for 22 personal counseling in paragraph A. 24 The provider of an HIV test may offer group pretest counseling, but individual counseling must be provided if the subject of the 26 test requests it. 28 2. Post-test counseling. "Post-test counseling" means must include: 30 Personal counseling that includes, at a minimum, a Α. 32 discussion of: (1)test results 34 The the reliability and and significance of the test results; 36 (2) The social and, emotional and legal consequences of the information; 38 40 Information on good preventive practices and risk (3) reduction plans; and 42 Referrals for medical care and other support (4) 44 services as needed; and A written memorandum summarizing the contents of the 46 в. discussion given to the person being counseled, and 48 C. The offer of face-to-face counseling. If the subject of 50 the test declines, the provider of the test may provide an

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alternative, mutually agreed upon means of providing the information required by paragraph A.

4 Sec. 14. 5 MRSA §19204-B, as amended by PL 1989, c. 161, is further amended to read:

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§19204-B. Restrictions on requiring tests or results of tests

Employee testing. No-health-care-facility-may-require
 that--any An employee or applicant for employment may not be required to submit to an HIV test or reveal whether the employee
 or applicant for employment has obtained an HIV test as a condition of employment or to maintain employment, except when
 based on a bona fide occupational qualification. Enforcement of this subsection is assigned to the Maine Human Rights Commission.

- 2. Employee rights. The employment status of any employee 18 of-a-health-eare-facility-shall may not be affected or changed:
- 20 A. If the employee declines to be tested pursuant to section 19203-A;
- B. If the employee testifies or assists in any proceeding 24 under this chapter;
- 26 C. If the employee asserts any other rights exercised in good faith pursuant to this chapter; or
- D. Because of the result of any test taken pursuant to this chapter.
- 32 Sec. 15. 5 MRSA §19204-C, as enacted by PL 1991, c. 3, §1, is amended to read:

19204-C. Restrictions upon revealing HIV antibody test results

Ne <u>An</u> insurer, nonprofit hospital or medical services organization er, nonprofit health care plan <u>or health maintenance</u> <u>organization</u> may <u>not</u> request any person to reveal whether the person has obtained a test for the presence of antibodies to HIV or a test to measure the virus or to reveal the results of such tests taken prior to an application for insurance coverage.

44 Sec. 16. 5 MRSA §19205, sub-§1, as amended by PL 1989, c. 700, Pt. A, §28, is further amended to read:

Policy; services. It shall--be is the policy of the
 State to provide to persons who test positive for HIV or have
 been diagnosed as having AIDS er--AIDS-Related--Complex the
 services of departments and agencies, including, but not limited

to, the Department of Education, the Department of Mental Health
and <u>Mental</u> Retardation, the Department of Human Services and the Department of Corrections.

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Sec. 17. 5 MRSA §19205, sub-§2, as amended by PL 1989, c. 502, Pt. A, §22, is further amended to read:

- 8 2. Coordination of services. A person designated by the Commissioner of Human Services shall insure ensure coordination
 10 of new and existing services so as to meet the needs of persons with AIDS₇-AIDS-Related-Complex- and -viral-pesitivity and identify
 12 gaps in programs.
- 14 The committee established in section 12004-I, subsection 42, shall work with the person designated in this chapter to insure 16 <u>ensure</u> the coordination of services to meet the needs of persons with AIDS,-AIDS-Related-Complex-and-viral-positivity.
- Sec. 18. 5 MRSA §19206, first ¶, as amended by PL 1987, c. 811, 20 §10, is further amended to read:

Any person violating this chapter is liable to the subject of the test for actual damages and, costs and attorney's fees
plus a civil penalty of up to \$1,000 for a negligent violation and up to \$5,000 \$10,000 for an intentional violation,
subject to Title 14, chapter 741.

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STATEMENT OF FACT

This bill comprises the recommendations of the Maine HIV 32 Advisory Committee in response to a request by the Joint Standing Committee on Judiciary of the 116th Legislature to review the HIV 34 testing laws. It creates a uniform procedure for determining when HIV testing may be required by court order following an 36 occupational exposure. It also clarifies HIV testing when tissue, blood or body fluids are donated.

The bill allows testing by insurers for only those life 40 insurance policies with a value greater than \$100,000. It also makes clear that a guardian can not consent or refuse to consent 42 to testing for a ward unless that guardian has the authority to consent or withhold consent for medical treatment for the ward. 44

The bill requires that face-to-face post-test counseling be 46 offered. It also increases the sanctions for releasing test results in violation of the HIV testing laws.