

1 INTERIM STUDY PROPOSAL 2011-100

2 State of Arkansas
3 88th General Assembly
4 Regular Session, 2011

As Engrossed: H3/30/11

A Bill

HOUSE BILL 2100

5
6 By: Representative Allen

7 Filed with: Interim House Committee on Public Health, Welfare and Labor
8 pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

9
10 AN ACT TO CREATE AN OPT-OUT HIV SCREENING PROGRAM;
11 AND FOR OTHER PURPOSES.

Subtitle

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15 AN ACT TO CREATE AN OPT-OUT HIV SCREENING
16 PROGRAM.

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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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21 *SECTION 1. DO NOT CODIFY. Routine HIV Screening Interim Study.*

22 *(a) The House Committee on Public Health, Welfare, and Labor and the*
23 *Senate Committee on Public Health, Welfare, and Labor shall study barriers to*
24 *HIV testing that contribute to the inability to reduce the incidence of HIV*
25 *infection in Arkansas.*

26 *(b) The House Committee on Public Health, Welfare, and Labor and the*
27 *Senate Committee on Public Health, Welfare, and Labor shall study without*
28 *limitation the following:*

29 *(1) Provider-related and patient-related factors may act as*
30 *barriers and prevent health care providers from testing for HIV;*

31 *(2) How the acceptance rates among patients can be assessed to*
32 *understand reasons for opting out of HIV screening;*

33 *(3) How state law may be clarified regarding informed consent*
34 *for adolescents seeking HIV testing and pretesting and posttesting*
35 *requirements;*

1 (4) The health care settings that could effectively implement
2 routine HIV screening; and

3 (5) The billing-related obstacles that might prevent routine,
4 voluntary HIV screenings.

5 (c) The committees may consider the following:

6 (1) Although African Americans compose thirteen percent (13%) of
7 the state's population, yet they compose forty-three percent (43%) of the
8 2010 HIV cases in the state and fifty percent (50%) of the 2010 AIDS cases;

9 (2) There is evidence that indicates that health care providers
10 often do not test for HIV, even in the presence of symptoms;

11 (3) For individuals who lack health insurance and lack access to
12 health care, the opportunity to engage in HIV screening is even further
13 reduced;

14 (4) These barriers to HIV testing contribute to the inability to
15 reduce the incidence of HIV infection and make it even more difficult for
16 individuals from ethnic minority groups who are diagnosed significantly late
17 in the disease;

18 (5) Late diagnosis increases the risk for the development of the
19 life-threatening infections and most importantly also increases the risk for
20 transmission of HIV to others;

21 (6) There is evidence that once an individual knows his or her
22 HIV status, that individual is significantly less likely to engage in
23 behaviors that might transmit HIV to another person;

24 (7) There is a need for HIV testing to become a readily
25 available routine screening procedure that can be easily accessed by the
26 general public;

27 (8) Easily accessible disease prevention and health screening
28 services currently exist for other infectious and chronic diseases;

29 (9) For example, one can obtain an influenza vaccine, have one's
30 blood pressure checked, or have one's blood glucose or cholesterol measured
31 while at the grocery store, a school activity, or a sporting event, but no
32 such ready access to HIV screening exists in Arkansas;

33 (10) The Centers for Disease Control and Prevention has
34 recommended routine, HIV screening for every person between the ages of
35 thirteen (13) and sixty-four (64) in any health care setting, with no
36 requirement for separate written consent or pretest counseling; and

