1	State of Arkansas	As Engrossed: H3/30/11
2	88th General Assembly	A Bill
3	Regular Session, 2011	HOUSE BILL 2100
4		
5	By: Representative Allen	
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7		For An Act To Be Entitled
8	AN ACT TO CRI	EATE AN OPT-OUT HIV SCREENING PROGRAM;
9	AND FOR OTHER	R PURPOSES.
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11		
12		Subtitle
13	AN ACT	TO CREATE AN OPT-OUT HIV SCREENING
14	PROGRAM	•
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17	BE IT ENACTED BY THE GENI	ERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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19	SECTION 1. DO NOT	CODIFY. Routine HIV Screening Interim Study.
20	(a) The House Com	mittee on Public Health, Welfare, and Labor and the
21	Senate Committee on Publ	ic Health, Welfare, and Labor shall study barriers to
22	HIV testing that contribu	ute to the inability to reduce the incidence of HIV
23	infection in Arkansas.	
24	(b) The House Com	mittee on Public Health, Welfare, and Labor and the
25	Senate Committee on Publ	ic Health, Welfare, and Labor shall study without
26	<u>limitation the following</u>	<u>:</u>
27	<u>(1) Provide</u>	r-related and patient-related factors may act as
28	barriers and prevent hea	lth care providers from testing for HIV;
29	(2) How the	acceptance rates among patients can be assessed to
30	understand reasons for o	oting out of HIV screening;
31	(3) How star	te law may be clarified regarding informed consent
32	for adolescents seeking i	HIV testing and pretesting and posttesting
33	<u>requirements;</u>	
34	<u>(4) The hea</u>	lth care settings that could effectively implement
35	routine HIV screening; an	<u>nd</u>
36	<u>(5) The bil</u>	ling-related obstacles that might prevent routine,

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1	voluntary HIV screenings.		
2	(c) The committees may consider the following:		
3	(1) Although African Americans compose thirteen percent (13%) of		
4	the state's population, yet they compose forty-three percent (43%) of the		
5	2010 HIV cases in the state and fifty percent (50%) of the 2010 AIDS cases;		
6	(2) There is evidence that indicates that health care providers		
7	often do not test for HIV, even in the presence of symptoms;		
8	(3) For individuals who lack health insurance and lack access to		
9	health care, the opportunity to engage in HIV screening is even further		
10	reduced;		
11	(4) These barriers to HIV testing contribute to the inability to		
12	reduce the incidence of HIV infection and make it even more difficult for		
13	individuals from ethnic minority groups who are diagnosed significantly late		
14	in the disease;		
15	(5) Late diagnosis increases the risk for the development of the		
16	life-threatening infections and most importantly also increases the risk for		
17	transmission of HIV to others;		
18	(6) There is evidence that once an individual knows his or her		
19	HIV status, that individual is significantly less likely to engage in		
20	behaviors that might transmit HIV to another person;		
21	(7) There is a need for HIV testing to become a readily		
22	available routine screening procedure that can be easily accessed by the		
23	general public;		
24	(8) Easily accessible disease prevention and health screening		
25	services currently exist for other infectious and chronic diseases;		
26	(9) For example, one can obtain an influenza vaccine, have one's		
27	blood pressure checked, or have one's blood glucose or cholesterol measured		
28	while at the grocery store, a school activity, or a sporting event, but no		
29	such ready access to HIV screening exists in Arkansas;		
30	(10) The Centers for Disease Control and Prevention has		
31	recommended routine, HIV screening for every person between the ages of		
32	thirteen (13) and sixty-four (64) in any health care setting, with no		
33	requirement for separate written consent or pretest counseling; and		
34	(11) By making HIV screening a part of routine medical care,		
35	consent to HIV testing is inferred, unless the individual declines testing.		
36	(d) The House Committee on Public Health, Welfare, and Labor and the		

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1	Senate Committee on Public Health, Welfare, and Labor may invite the Arkansas
2	Minority Health Commission to assist the committees with completing this
3	study.
4	(e) The House Committee on Public Health, Welfare, and Labor and the
5	Senate Committee on Public Health, Welfare, and Labor shall present final
6	findings concerning this interim study and recommendations for legislation to
7	the Governor and the Legislature Council on or before December 1, 2012.
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9	/s/Allen
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