

# Compendium of State HIV Testing Laws

## Perinatal Quick Reference Guide:

### A Guide to States' Perinatal HIV Testing Laws for Clinicians

September 25, 2009

To the Reader:

This Perinatal Quick Reference Guide is a subset of the *Compendium of State HIV Testing Laws* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)). It provides a summary of the states' key perinatal HIV testing laws and policies that are more fully characterized within the *Compendium's* individual state profiles. Each state's laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium*, and the quick reference guides especially, are designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at (800) 933-3413. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPLine](#)) at (888) 448-4911 for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at (888) 448-8765 for consultation on preventing mother-to-child transmission of HIV.

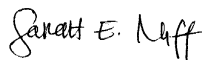
We update the *Compendium* periodically, but it is beyond the scope of the project to perform ongoing verification of every section frequently. We encourage readers to send comments, corrections, and updates (with citations when possible) to Sarah Neff at [neffs@nccc.ucsf.edu](mailto:neffs@nccc.ucsf.edu).

Thank you,



Ronald H. Goldschmidt, MD  
Director

&



Sarah E. Neff, MPH  
Director of Research and Evaluation

National HIV/AIDS Clinicians' Consultation Center (NCCC)  
San Francisco General Hospital  
University of California, San Francisco

The Warmline, PEPLine, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

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# Alabama

## *Perinatal Quick Reference Guide:*

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September 25, 2009

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For a more complete synopsis of Alabama HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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## **Prenatal**

- **Initial visit**
  - Practitioners shall test a pregnant woman for HIV at her initial prenatal visit; unless already confirmed to be infected.
- **Third trimester**
  - A woman who declined testing earlier in her pregnancy shall again be offered testing for HIV at the third trimester; refusal must be documented in the medical file.
  - A woman who tested negative at her initial prenatal visit shall be tested for HIV during the third trimester and/or at the time of delivery if she has one or more risk factors (see below).

## **Labor & Delivery**

- Practitioners shall test a pregnant woman for HIV if she first presents to care at the time of delivery, unless already confirmed to be infected.
- A woman who declined testing earlier in her pregnancy shall again be offered at the time of delivery; refusal must be documented in the medical file.
- A woman who tested negative at her initial prenatal visit shall be tested for HIV during the third trimester and/or at the time of delivery if she has one or more risk factors (see below).

## **Neonatal**

- No specific provisions regarding neonatal testing were found.

## **Other**

- **Risk factors** include, but are not limited to, a history of:
  - (A) multiple sex partners or an at risk sex partner during the pregnancy,
  - (B) a sexually transmitted disease during the pregnancy,
  - (C) use of illicit drugs, or
  - (D) exchanging sex for money or drugs.

# Alaska

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September 25, 2009

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Arizona

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September 25, 2009

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Arkansas

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September 25, 2009

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#### **Prenatal**

- **Initial visit**
  - Physicians attending pregnant women must test or cause to test for HIV upon first examination.
  - Others attending pregnant women must test or cause to test for HIV.
  - Consent procedure not specified.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- Physicians attending pregnant women must test or cause to test for HIV if not tested prenatally.
- Others attending pregnant women must test or cause to test for HIV if not tested prenatally.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Counseling**
  - Persons attending pregnant women must
    - inform each pregnant woman of the fact that HIV may be transmitted from an infected mother to the fetus or unborn child and that these infections may be prevented if the maternal infection is recognized and treated; and
    - provide counseling and instruction for HIV in a manner prescribed by the Division of Health of the Department of Health and Human Services based upon contemporary state and federal standards.

# California

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### **A Guide to California Perinatal HIV Testing Laws for Clinicians**

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For a more complete synopsis of California HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care must be informed and is through the opt-out process.
- Counseling and information must be offered to pregnant women by prenatal care providers. This information and counseling shall include, but shall not be limited to, all of the following:
  - (A) A description of the modes of HIV transmission.
  - (B) A discussion of risk reduction behavior modifications including methods to reduce the risk of perinatal transmission.
  - (C) If appropriate, referral information to other HIV prevention and psychosocial services including anonymous and confidential test sites approved by the Office of AIDS.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor or delivery with undocumented HIV status must be informed and is through the opt-out process.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Linkage to care**
  - Women who test positive for HIV shall also receive, whenever possible, a referral to a provider/ institution specializing in prenatal and post partum care for HIV-positive women and their infants.

# Colorado

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September 25, 2009

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For a more complete synopsis of Colorado HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Connecticut

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September 25, 2009

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For a more complete synopsis of Connecticut HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care (first and third trimesters) is require unless religious objections apply.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor or delivery with undocumented HIV status is through the opt-out process. Specific written objection required if woman objects.

#### **Neonatal**

- All newborns must be tested for HIV; may be omitted if mother has been tested (within first month of first examination and third trimester) or in cases of religious conflicts.

#### **Other**

- N/A

## Delaware

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#### **A Guide to Delaware Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

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For a more complete synopsis of Delaware HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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### **Prenatal**

- Testing of pregnant women as a routine component of prenatal care is through the opt-out process; documentation of refusal to consent must be maintained in the patient’s medical record.
- Provider must offer HIV testing in third trimester to women at high risk. A woman is at high risk if 1 or more of the following applies:
  - (A) A history of a sexually transmitted disease; or
  - (B) During the pregnancy:
    - (1) Illicit drug use or the exchange of sex for money or drugs;
    - (2) Multiple sex partners or a sex partner known to be HIV-positive or at high risk of acquiring HIV; or
    - (3) Signs or symptoms suggestive of acute HIV infection.

### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

### **Neonatal**

- No specific provisions regarding neonatal testing were found.

### **Other**

- **Counseling**
  - Post-test counseling of pregnant women who test positive for HIV is required.
  - Must include the dangers to her fetus and the advisability of receiving treatment in accordance with the then current Centers for Disease Control and Prevention recommendations for HIV positive pregnant women.

## District of Columbia

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#### **A Guide to District of Columbia Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant District of Columbia perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of District of Columbia HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

## Florida

### *Perinatal Quick Reference Guide:*

#### **A Guide to Florida Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

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For a more complete synopsis of Florida HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-out process; documentation of refusal to consent must be maintained in the patient’s medical record.
  - **Initial visit**
    - Practitioners attending pregnant women shall cause HIV testing at their initial examination for the current pregnancy.
  - **Third trimester**
    - Practitioners attending pregnant women shall cause HIV testing at 28-32 weeks into gestation.

### **Labor & Delivery**

- Women who appear at delivery or within 30 days postpartum with no prenatal care or no record of testing must be tested for HIV.

### **Neonatal**

- No specific provisions regarding neonatal testing were found.

### **Other**

- Emergency departments may satisfy testing by referring any woman identified as not receiving prenatal care after the 12th week of gestation to the county health department.

# Georgia

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For a more complete synopsis of Georgia HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-out process.
- Physicians responsible for care must test during gestation unless the woman refuses.

#### **Labor & Delivery**

- Testing of pregnant women at delivery is through the opt-out process.
- Physicians responsible for care must test at delivery unless the woman refuses.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Hawaii

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For a more complete synopsis of Hawaii HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Idaho

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September 25, 2009

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For a more complete synopsis of Idaho HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Illinois

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September 25, 2009

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#### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-out process; consent may be verbal or in writing but must be documented in medical record. This policy effective June 1, 2008.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor or delivery with undocumented HIV status is through the opt-out process. This policy effective June 1, 2008.

#### **Neonatal**

- Testing of newborns born to mothers of undocumented HIV status is mandatory. This policy effective June 1, 2008.

#### **Other**

- **Counseling**
  - Mandatory pre- and post-test counseling of pregnant women
  - In accordance with the AIDS Confidentiality Act, counseling must include the following:
    - (A) For the health of the pregnant woman, the voluntary nature of the testing, the benefits of HIV testing, including the prevention of transmission, and the requirement that HIV testing be performed unless she refuses and the methods by which she can refuse.
    - (B) The benefit of HIV testing for herself and the newborn infant, including interventions to prevent HIV transmission.
    - (C) The side effects of interventions to prevent HIV transmission.
    - (D) The statutory confidentiality provisions that relate to HIV and AIDS testing.
    - (E) The requirement for mandatory testing of the newborn if the mother's HIV status is unknown at the time of delivery.
    - (F) An explanation of the test, including its purpose, limitations, and the meaning of its results.
    - (G) An explanation of the procedures to be followed.
    - (H) The availability of additional or confirmatory testing, if appropriate. Counseling may be provided in writing, verbally, or by video, electronic, or other means. The woman must be offered an opportunity to ask questions about testing and to decline testing for herself.

# Indiana

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#### **Prenatal**

- Testing of pregnant women in prenatal care by physicians or advanced nurse practitioners is through the opt-out process; refusal must be documented.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor or delivery with undocumented HIV status by physicians or advanced nurse practitioners is through the opt-out process.

#### **Neonatal**

- Neonatal testing as deemed necessary by the physician when the mother refuses, except with a written religious objection.

#### **Other**

- **Counseling**
  - Pre-test information and counseling of pregnant women is required by prenatal care providers and must be documented.
  - The following HIV information must be given by providers or their designees to pregnant women at appropriate times surrounding delivery (see *Compendium* for full provisions):
    - (A) An explanation of the nature of AIDS and HIV which (1) is consistent with MMWR 41, RR-17, and MMWR 43, RR12 & (2) includes the following elements: (a) HIV is transmitted from person-to-person through blood, semen, vaginal secretions, or breast milk & (b) HIV is a virus that, without treatment, destroys the immune system, creating a defect in cell-mediated immune response, causing increased susceptibility to opportunistic infections, certain rare cancers, and AIDS.
    - (B) Information that it is unlawful to discriminate against HIV+ persons in areas of employment, housing, and provision of health care services.
    - (C) Information that HIV/AIDS+ women are not to engage in high-risk activity without warning past, present, or future partners. Carriers have a duty to warn persons at risk, including spouses of the last 10 yrs, of the carrier’s disease status and & the need to seek health care.
    - (D) HIV risk behavior information that is consistent with MMWR 50, RR19, including: (1) high-risk activities refer to sexual or needle-sharing contact & (2) HIV is known to be transmitted through blood, semen, vaginal secretions, and breast milk.
    - (E) Information about the risk of transmission through breastfeeding that is consistent with MMWR 50, RR19, including that breastfeeding by an HIV+ woman risks transmission.
  - Post-test, a provider, or his or her designee, must do the following: (1) deliver results in a direct, straightforward, and confidential manner & (2) deliver results after testing ASAP.
  - If the test results are positive, the treating provider, or his or her designee must do the following face-to-face: (1) explain the side effects of any HIV treatment in a direct, straightforward, confidential manner; (2) discuss pros and cons of drug therapy initiation; (3) discuss treatment recommendations based on MMWR 51, RR-18; & (4) give post-test counseling.

# Iowa

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September 25, 2009

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#### **Prenatal**

- Testing of pregnant women in prenatal care as part of the routine panel of prenatal tests is through the opt-out process; objection must be documented in medical record.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Information**
  - Information about HIV prevention, risk reduction, and treatment opportunities to reduce the possible transmission of HIV to a fetus shall be made available to all pregnant women.

# Kansas

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September 25, 2009

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#### Prenatal

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### Labor & Delivery

- No specific provisions regarding labor & delivery testing were found.

#### Neonatal

- No specific provisions regarding neonatal testing were found.

#### Other

- N/A

# Kentucky

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### **A Guide to Kentucky Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Kentucky perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Kentucky HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Louisiana

## *Perinatal Quick Reference Guide:*

### **A Guide to Louisiana Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Louisiana perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Louisiana HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-out process.
- Blood sample must be taken by a duly licensed physician if person attending pregnant woman is not permitted by law to take blood samples.

#### **Labor & Delivery**

- Testing of pregnant women at delivery is through the opt-out process.
- Blood sample must be taken by a duly licensed physician if person attending pregnant woman is not permitted by law to take blood samples.

#### **Neonatal**

- Infants tested for HIV if suspected and parents consent for general treatment and care.

#### **Other**

- N/A

# Maine

## *Perinatal Quick Reference Guide:*

### **A Guide to Maine Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Maine perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Maine HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Maryland

## *Perinatal Quick Reference Guide:*

### **A Guide to Maryland Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Maryland perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Maryland HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Voluntary written informed consent required.
- Testing of women in prenatal care as part of the routine prenatal blood tests by prenatal health care provider is through the opt-out process; objection must be documented in medical record.
- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - Testing must be offered to women in their third trimester if not conducted before.

#### **Labor & Delivery**

- A health care provider must offer a rapid test at birth or delivery if status is unknown or undocumented and antiretroviral prophylaxis prior to receiving the results of the confirmatory test if a rapid test is positive.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Counseling**
  - Pregnant women may receive pre-test counseling that is written, oral, or by video.
- **Linkage to Care**
  - A prenatal health care provider must provide a referral for treatment and supportive services, including case management services.

# Massachusetts

## *Perinatal Quick Reference Guide:*

### **A Guide to Massachusetts Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Massachusetts perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Massachusetts HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Michigan

## *Perinatal Quick Reference Guide:*

### **A Guide to Michigan Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Michigan perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Michigan HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women at the initial visit for prenatal care is required unless medically inadvisable or consent is not given; may be through the opt-out process.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor or delivery or for care immediately postpartum at a health care facility with undocumented HIV status is required unless testing is medically inadvisable or consent is not given; may be through the opt-out process.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Minnesota

## *Perinatal Quick Reference Guide:*

### **A Guide to Minnesota Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Minnesota perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Minnesota HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Mississippi

## *Perinatal Quick Reference Guide:*

### **A Guide to Mississippi Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Mississippi perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Mississippi HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Missouri

## *Perinatal Quick Reference Guide:*

### **A Guide to Missouri Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Missouri perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Missouri HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Montana

## *Perinatal Quick Reference Guide:*

### **A Guide to Montana Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Montana perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Montana HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Prenatal HIV screening is routine and must be incorporated into the general informed consent for medical care.
- Patient must be informed orally or in writing that the test will be performed and declination must be documented in the medical record.
- **Third trimester**
  - Physicians and other health care providers may offer HIV test in the third trimester to women not tested earlier in the pregnancy and/or at high-risk.

#### **Labor & Delivery**

- If medically indicated, physicians and other health care providers shall offer a rapid test at labor to women with unknown or undocumented status.
- Physicians and other health care providers shall offer antiretroviral prophylaxis to women with positive rapid or standard test results without waiting for confirmatory test results.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Nebraska

## *Perinatal Quick Reference Guide:*

### **A Guide to Nebraska Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Nebraska perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Nebraska HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Nevada

## *Perinatal Quick Reference Guide:*

### **A Guide to Nevada Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Nevada perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Nevada HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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## **Prenatal**

- **Initial visit**
  - Testing of pregnant women in first trimester of prenatal care is through the opt-out process.
- **Third trimester**
  - Testing of pregnant women in the third trimester of prenatal care is through the opt-out process.
  - A provider of prenatal health care must ensure testing of pregnant women in the third trimester of prenatal care (between the 27<sup>th</sup> and the 36<sup>th</sup> week or as soon as practicable) if the woman has not been tested previously, has undocumented HIV status, or is high risk.
    - Risk factors (See *Compendium* or CDC for full provisions)
      - (A) Receives health care in: (1) high HIV/AIDS incidence jurisdictions for women between 15 and 45 yrs or (2) high-risk health care facilities ( $\geq 1/1,000$  HIV+ women for prenatal screening).
      - (B) Reports one or more of the HIV risk factors identified by CDC, including: (1) multiple sex partners during the pregnancy without effective protection; (2) sexual activity in exchange for money or other compensation; (3) sexual activity with a person who is HIV+ or has HIV risk factor(s) identified by CDC; (4) treatment for a STD; (5) controlled substance or dangerous drug use; (6) a blood transfusion between 1978 and 1985, inclusive.

## **Labor & Delivery**

- Testing of pregnant women at labor and delivery is through the opt-out process.
- A provider of prenatal health care must ensure rapid testing of pregnant women presenting to labor or delivery who have not been previously tested or have undocumented HIV status.
- If rapid test is positive, the health care provider must offer antiretroviral prophylaxis.

## **Neonatal**

- No specific provisions regarding neonatal testing were found.

## **Other**

- **Information**
  - Pamphlet of information must be given to pregnant women before testing and include: (1) HIV/AIDS information; (2) the test that will be administered and the benefits and consequences of the test; (3) HIV transmission and how to prevent it; (4) the right to refuse a test; (5) if the pamphlet is for the parent/legal guardian of a newborn being tested, the right of the parent/legal guardian to object to a test of a newborn for religious beliefs; and (6) any other information recommended by the Department or CDC that the provider of health care determines useful.

# New Hampshire

## *Perinatal Quick Reference Guide:*

### **A Guide to New Hampshire Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant New Hampshire perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of New Hampshire HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# New Jersey

## *Perinatal Quick Reference Guide:*

### **A Guide to New Jersey Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant New Jersey perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of New Jersey HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of all pregnant women in prenatal care is routine and through the opt-out process; declination must be documented in the medical record.
- Provider must offer testing, information, and counseling to pregnant women.
- **Initial visit**
  - All pregnant women shall be tested for HIV as early as possible in their pregnancy.
- **Third trimester**
  - All pregnant women shall be tested for HIV again during the third trimester of their pregnancy.

#### **Labor & Delivery**

- Testing of all pregnant women presenting for delivery is through the opt-out process.

#### **Neonatal**

- Required testing of newborns if mothers’ status is unknown unless a written religious objection is included in the newborns’ medical records.
- HIV positive mother or newborn will receive follow-up testing, counseling, education, etc.

#### **Other**

- **Informed Consent**
  - Informed consent form from the Department or with the information outlined below must be signed.\*
- **Information and Counseling**
  - The primary caregiver for a pregnant woman shall, in accordance with guidelines developed by the commissioner, provide the woman with information about HIV/AIDS, including an explanation of HIV infection and the meanings of test results, and also inform the woman of the benefits of being tested for HIV as early as possible in the course of her pregnancy and a second time during the third trimester, the medical treatment available to treat HIV infection if diagnosed early, the reduced rate of transmission of HIV to a fetus if an HIV-infected pregnant woman receives treatment for HIV, and the interventions that are available to reduce the risk of transmission. The information shall be provided orally or in writing, and the woman shall be offered an opportunity to ask questions.
  - Provider must make every reasonable effort to give results and their meaning, advise of measures to prevent infection for negative results, and ensure post-test counseling for HIV+ results.

\*Provisions that require a department informed consent form are solely in the NJ Administrative Code and conflict with newly revised NJ Annotated Statutes.

## New Mexico

### *Perinatal Quick Reference Guide:*

#### **A Guide to New Mexico Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

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For a more complete synopsis of New Mexico HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-out process; declination must be in writing.
- Pre-test counseling not required for routine prenatal testing with informed consent and test explanation.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Counseling**
  - Post-test counseling is required with HIV positive test results and must include the following:
    - (A) the meaning of the test results;
    - (B) the possible need for additional testing;
    - (C) the availability of appropriate health care services, including mental health care, social and support services; and
    - (D) the benefits of locating and counseling any individual by whom the infected person may have been exposed to HIV and any individual whom the infected person may have exposed to HIV.

## **New York**

### ***Perinatal Quick Reference Guide:***

#### **A Guide to New York Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant New York perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of New York HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-in process.
- Counseling must be offered to pregnant women in prenatal care at a birth center.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- If no HIV test result is available during the current pregnancy for the mother who is not known to be HIV infected, an expedited screening test of the mother (with consent) or of her newborn must be arranged. Results should be available as soon as practicable, but not longer than 12 hours after the mother provides consent or, if she does not consent, 12 hours after the infant's birth. (Testing subject to religious objections.)
- All newborns must also be tested routinely for HIV unless provider is given notification of religious objection; must inform parent of the purpose and need for screening and give educational materials.
- Counseling consistent with mother’s history of HIV testing and treatment should be given; history must be documented in the medical record and submitted to the department along with other required data/information.
- Post-test counseling, health care, case management, referral to an HIV specialized care center, and other social services must be arranged for the mother of an infant who tests positive for HIV.

#### **Other**

- Clinical laboratory may report preliminary positive HIV test result to physician prior to confirmation when requested in writing.

## North Carolina

### *Perinatal Quick Reference Guide:*

#### **A Guide to North Carolina Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant North Carolina perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of North Carolina HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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### **Prenatal**

- **Initial visit**
  - Attending physicians must offer HIV testing at the first prenatal visit, and testing is through the opt-out process.
- **Third trimester**
  - Attending physicians must offer HIV testing in the third trimester, and testing is through the opt-out process.

### **Labor & Delivery**

- If a pregnant woman has not been tested for HIV at the time of labor and delivery (or if the results of such testing are unknown) the attending physician shall inform the woman that a test will be performed, explain the reason for testing, and test the woman for HIV using a rapid HIV test without consent unless testing endangers the woman; rapid test required of all labor and delivery providers as of January 1, 2009.
- Physician must give results of testing as soon as possible.

### **Neonatal**

- If an infant is delivered to a woman whose HIV status is unknown at the time of delivery, the infant shall be tested for HIV using a rapid HIV test; rapid test required of all labor and delivery providers as of January 1, 2009.

### **Other**

- N/A

## North Dakota

### *Perinatal Quick Reference Guide:*

#### **A Guide to North Dakota Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant North Dakota perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of North Dakota HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Ohio

## *Perinatal Quick Reference Guide:*

### **A Guide to Ohio Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Ohio perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Ohio HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Oklahoma

## *Perinatal Quick Reference Guide:*

### **A Guide to Oklahoma Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Oklahoma perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Oklahoma HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Counseling**
  - Physician must instruct in measures of preventing the spread of disease and of the necessity for treatment with HIV positive test results.

## Oregon

### *Perinatal Quick Reference Guide:*

#### **A Guide to Oregon Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Oregon perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Oregon HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-out process. Attending providers must test or cause to test pregnant women with their consent along with other routine tests within the first 10 days of the first professional visit.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor or delivery is through the opt-out process. Attending providers must test or cause to test pregnant women with their consent along with other routine tests.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- Declination of testing must be documented in the medical record.

# Pennsylvania

## *Perinatal Quick Reference Guide:*

### **A Guide to Pennsylvania Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Pennsylvania perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Pennsylvania HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

## **Puerto Rico**

### ***Perinatal Quick Reference Guide:***

#### **A Guide to Puerto Rico Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Puerto Rico perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Puerto Rico HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

## Rhode Island

### *Perinatal Quick Reference Guide:*

#### **A Guide to Rhode Island Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Rhode Island perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Rhode Island HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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### **Prenatal**

- Testing of pregnant women in prenatal care as part of the routine panel of prenatal tests is through the opt-out process.
- Pre-test information & counseling must be offered to pregnant women in prenatal care, see below.
- **Initial visit**
  - Physicians or health care providers must offer HIV testing to all patients seeking prenatal care or family planning services.
- **Third trimester**
  - Repeat testing in the third trimester is recommended if determined by the physician.

### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

### **Neonatal**

- Newborns of unknown status shall be tested immediately; consent not required.

### **Other**

- **Counseling**
  - Pre-test information and client-specific counseling tailored to the patient (to allow greater flexibility) must be offered with HIV testing and informed consent; information may be oral or written. The department of health shall provide appropriate health care providers with the written information, in multiple languages, that must include:
    - (A) an explanation of HIV infection;
    - (B) a description of the interventions that can reduce HIV transmission from mother to infant;
    - (C) the meaning of positive and negative test results;
    - (D) an opportunity to ask questions.
  - Post-test counseling required for pregnant women with HIV positive results must include:
    - (A) the meaning of the test result;
    - (B) the possible need for additional testing;
    - (C) measures to prevent the transmission of HIV;
    - (D) measures to prevent perinatal HIV transmission; and
    - (E) the availability of, and referrals for, appropriate health care services, including mental health care, and appropriate social and support services.

## South Carolina

### *Perinatal Quick Reference Guide:*

#### **A Guide to South Carolina Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant South Carolina perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of South Carolina HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

## South Dakota

### *Perinatal Quick Reference Guide:*

#### **A Guide to South Dakota Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant South Dakota perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of South Dakota HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Tennessee

## *Perinatal Quick Reference Guide:*

### **A Guide to Tennessee Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Tennessee perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Tennessee HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - Testing of pregnant women in prenatal care should take place as early in the course of pregnancy as possible and is through the opt-out process.
- **Third trimester**
  - Testing of pregnant women in prenatal care should take place again in the third trimester and is through the opt-out process.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor or delivery with undocumented HIV status using a rapid test is through the opt-out process.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- Refusal of testing must be in writing and documented in the medical chart.
- **Counseling**
  - Pre-test counseling of pregnant women is required if testing is refused. When the time and circumstances are medically appropriate, women should be counseled regarding the consequences of exposing the unborn child to HIV.
  - Post-test counseling of pregnant women is required with HIV positive test results. After receiving a positive HIV test result, the medical provider shall, when the time and circumstances are medically appropriate, do the following:
    - (A) Explain the meaning and reliability of the test results and the availability of additional or confirmatory testing, if appropriate; and
    - (B) Counsel the woman to obtain appropriate medical treatment for herself and her baby and inform her of the increased risks to her baby if she fails to obtain appropriate treatment; and
    - (C) Make available information concerning the available medical interventions to prevent onset of illness in the mother and to prevent transmission of HIV to her children; and
    - (D) Arrange for additional counseling in order to assist the woman in obtaining access to a comprehensive clinical care facility that can meet her needs.

# Texas

## *Perinatal Quick Reference Guide:*

### **A Guide to Texas Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Texas perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Texas HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care is required at the first examination or visit and is through the opt-out process (with documentation).
- Testing of pregnant women in prenatal care is required in the third trimester, as of January 1, 2010, and is through the opt-out process (with documentation).

#### **Labor & Delivery**

- Testing pregnant women presenting to labor or delivery is required upon admittance for delivery and is through the opt-out process (with documentation).

#### **Neonatal**

- Testing of newborns is required if the mother was not tested in the third trimester or at labor and delivery, as of January 1, 2010, and is through the opt-out process (with documentation).

#### **Other**

- **Testing Procedure** (see *Compendium* for full provisions) at first prenatal exam and delivery:
  - (A) Distribute to the woman printed materials about HIV/AIDS provided by the Department of Health and note on the woman's medical record that the distribution of material was made; must include: (1) the incidence and mode of transmission of HIV/AIDS; (2) how being infected with HIV/AIDS could affect the health of their child; (3) the available treatment to prevent maternal-infant HIV transmission; (4) methods to prevent the transmission of HIV.
  - (B) Verbally notify the woman that an HIV test will be performed if the patient does not object and note on the medical records that verbal notification was given:
    - (1) advise the woman that the result of the HIV test taken under this action is confidential, not anonymous, and explain the difference between an anonymous and confidential HIV test; and
    - (2) if the woman objects, the physician or other person may not conduct the test and shall refer the woman to an anonymous testing site or instruct the woman about anonymous testing methods.
- **HIV+ Post-test Information and Counseling** (see *Compendium* for full provisions):
  - Information relating to treatment of HIV/AIDS (in another language if needed and in a manner and in terms understandable to a person who may be illiterate as necessary and if resources permit)
  - Face-to-face counseling must include: (1) the meaning of the test result; (2) the possible need for additional testing; (3) measures to prevent the perinatal transmission of HIV; (4) the availability health care services (e.g., mental health care, nearby social & support services); (5) the benefits and availability of partner notification; (6) increased understanding of HIV infection; (7) explanation of the potential need for confirmatory HIV testing; (8) explanation of behavior changes to decrease the potential of HIV transmission; (9) encouragement to seek appropriate medical care; (10) encouragement to notify persons with whom there has been contact capable of transmitting HIV.

# Utah

## *Perinatal Quick Reference Guide:*

### **A Guide to Utah Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Utah perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Utah HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Vermont

## *Perinatal Quick Reference Guide:*

### **A Guide to Vermont Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Vermont perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Vermont HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Virginia

## *Perinatal Quick Reference Guide:*

### **A Guide to Virginia Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Virginia perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Virginia HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- As a part of routine prenatal care . . .
  - Testing of pregnant women is through the opt-out process; documentation of refused testing and/or treatment must be maintained in the medical record;
  - Practitioner must offer oral or written information including
    - (A) an explanation of HIV infection,
    - (B) a description of interventions that can reduce HIV transmission from mother to infant, and
    - (C) the meaning of positive and negative test results
  - Practitioners shall counsel all pregnant women with HIV positive test results about the dangers to the fetus and the advisability of receiving treatment in accordance with the then current Centers for Disease Control and Prevention recommendations.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Counseling**
  - Appropriate counseling shall include, but not be limited to,
    - (A) the meaning of the test results;
    - (B) the need for additional testing;
    - (C) the etiology, prevention and effects of AIDS;
    - (D) the availability of appropriate health care, mental health care and social services;
    - (E) the need to notify any person who may have been exposed to the virus; and
    - (F) the availability of assistance through the Department of Health in notifying such individuals.

# Washington

## *Perinatal Quick Reference Guide:*

### **A Guide to Washington Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Washington perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Washington HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- Testing of pregnant women in prenatal care is through the opt-out process; Refusal of testing and the provision of education on the benefits of HIV testing must be documented in the medical record, and reasons for refusal must be discussed and addressed.
- Informed consent for pregnant women may be obtained separately or as part of the consent for a battery of other routine tests, as long as the woman is informed verbally or in writing of the test.

#### **Labor & Delivery**

- Testing of pregnant women presenting to labor and delivery with undocumented HIV status at a birth center must be with a rapid test and is through the opt-out process.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- **Counseling** of all continuing pregnant women (see *Compendium* for full provisions) includes:
  - (A) Performing a risk screening, including a sexual and drug use history as part of the intake process;
  - (B) Providing written or verbal information on HIV infection that at a minimum includes:
    - (1) All pregnant women are recommended to have an HIV test;
    - (2) HIV is the cause of AIDS and how HIV is transmitted;
    - (3) A woman may be at risk for HIV infection, and not know it;
    - (4) The efficacy of treatments to reduce vertical transmission;
    - (5) The availability of anonymous testing and why confidential testing is recommended for;
    - (6) The need to report HIV infection;
    - (7) Public funds for eligible HIV-infected women receive medical care and other assistance; and
    - (8) Women who decline testing will not be denied care for themselves or their infants;
  - (C) If the risk screening indicates, providing or referring for behavioral change counseling for women who:
    - (1) Have or recently have had HIV+, MSM, or IDU sexual partner(s)
    - (2) Uses or recently have used injection drugs
    - (3) Have signs or symptoms of HIV seroconversion
    - (4) Currently/recently have exchanged sex for drugs or money, a STD, or multiple sex partners
    - (5) Express a need for further, more intensive counseling
  - (D) Offering referrals and providing follow-up to other necessary medical, social and HIV prevention services
  - (E) Behavioral change counseling must:
    - (1) Base counseling on CDC’s Revised Guidelines for HIV Counseling, November 2001
    - (2) Assist to set a realistic behavior-change goal and establish strategies for reducing risk of HIV
    - (3) Provide appropriate risk reduction skills-building opportunities to support the behavior change goal
    - (4) Provide or refer for other appropriate prevention, support or medical services, including those services for other bloodborne pathogens

# West Virginia

## *Perinatal Quick Reference Guide:*

### **A Guide to West Virginia Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant West Virginia perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of West Virginia HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Wisconsin

## *Perinatal Quick Reference Guide:*

### **A Guide to Wisconsin Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Wisconsin perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Wisconsin HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

# Wyoming

## *Perinatal Quick Reference Guide:*

### **A Guide to Wyoming Perinatal HIV Testing Laws for Clinicians**

September 25, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Wyoming perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Wyoming HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

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#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A