

Pennsylvania

Introduction and Table of Contents

January 28, 2009

To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is 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.

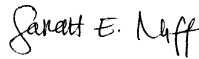
We update the *Compendium* periodically, but it is beyond the scope of the project to perform ongoing verification of every section frequently. We encourage readers to send comments, corrections, and updates (with citations when possible) to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



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&



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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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Definitions and Helpful Resources

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Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient's name is not recorded with test results.
- **Confidential** – Patient's name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.¹
 - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient's personal and social supports; (4) determining the patient's readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required.
 - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.¹
- **Name-based reporting** – Cases are reported by patient name (required in all states except HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.²
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.¹
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.³
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

Emergency Department Implementation Guide: <http://edhivtestguide.org/>

Prenatal HIV Testing Website: <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

For questions or comments about the compendium, contact NCCC: NCCCTemp@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at **800-933-3413**.

¹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

² <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

³ <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

Pennsylvania

A Quick Reference Guide for Clinicians to Pennsylvania HIV Testing Laws

January 28, 2009

This Quick Reference Guide for clinicians is a summary of relevant Pennsylvania 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 section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- Informed consent required; must be in writing.

Counseling

- Pre- and post-test counseling is required.

Provisos of Testing

- **Anonymous**
 - Anonymous testing is available at designated anonymous testing sites.
- **Rapid**
 - A confirmatory test is required before notifying the patient of HIV test results.
- **Routine**
 - No specific provisions regarding routine testing were found.

Disclosure

- Notification to sexual and needle-sharing partners of possible exposure to HIV is not required.

Minor/Adolescent Testing

- Minors may consent to services for reportable diseases, HIV explicitly included.

Pennsylvania

Perinatal Quick Reference Guide:

A Guide to Pennsylvania Perinatal HIV Testing Laws for Clinicians

January 28, 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), “Testing of pregnant women and/or newborns.”

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

Pennsylvania
State Policies Relating to HIV Testing, 2009

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Pennsylvania Consolidated Statutes [PCS]

Title 35: Health and Safety..... Pages 3-16
Title 42: Judiciary and Judicial Procedure..... Pages 17-20

Pennsylvania Code [Pa Code]

Title 4: Administration..... Pages 21
Title 22: Education..... Page 22
Title 28: Health and Safety..... Pages 23-31

	Policy Category	Type	Section Code(s)
RESTRICTIONS/MANDATES	Restrictions on use of HIV test	No related laws found	
	Mandatory testing within the criminal justice system	Persons convicted or adjudicated delinquent of specified sexual crimes are deemed to have consented to a test <u>if</u> the victim requests that a test be performed	35 PCS § 521.11a
		Potential transmission to victims	35 PCS § 521.11a
		Court orders may require testing and disclosure of results if statutory standards are met	35 PCS § 7608(b)
	Mandatory testing outside of the criminal justice system	Occupational exposure - health care workers and first responders may test source patient's available blood	35 PCS § 7606
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	Insurance companies must provide printed factual materials on HIV/AIDS before testing	35 PCS § 7605
		Narcotic treatment programs must provide HIV education as part of rehabilitative services	28 Pa Code §715.18
	Informed consent	Informed consent required – written	35 PCS § 7605
	Counseling requirements	Mandatory pre- and post-test counseling	35 PCS § 7605
	Anonymous testing	Only provided at state-designated anonymous testing sites	28 Pa Code § 27.32b

POST-TESTING	Disclosure/confidentiality	HIV test results as confidential	35 PCS § 7607
		Exceptions to confidentiality	35 PCS § 7607
		Disclosure to emergency medical services	35 PCS § 7607
		Disclosure to funeral directors	35 PCS § 7607
		Court orders may allow access to confidential test results	35 PCS § 7608 (a)
		Physician may but is not required to notify contacts of HIV positive individual	35 PCS § 7609
	Persons authorized to pursue action against unauthorized disclosure	35 PCS § 7610	
Reporting	Name-based reporting	28 Pa Code §§ 27.21a, 27.22, 27.32a	
OTHER	Testing of pregnant women and/or newborns	No related laws found	
	Testing of minors/adolescents	Minors may consent to services for reportable diseases, HIV included	35 PCS § 521.14a 35 PCS § 10103 28 Pa Code §27.21a
	Rapid HIV testing	Confirmatory test required before notifying patient of positive results	35 PCS § 7605
Training and education of health care providers	Drug and alcohol treatment services staff must be trained	28 Pa Code §704.11	
	Long-term structured residence staff must be trained	28 Pa Code §5320.45	

Recommended Resources

Pennsylvania General Assembly

<http://www.legis.state.pa.us/>

Pennsylvania Code

<http://www.pacode.com/>

Pennsylvania Department of Health

<http://www.dsf.health.state.pa.us/health/site/default.asp>

Title 35: Health and Safety

PA Title 35 Code §	Code Language
§ 521.2	<p>Definitions</p> <p>The following terms, whenever used in this act, have the meanings indicated in this section, except where the context indicates a clearly different meaning:</p> <p>(a) Board. The State Advisory Health Board.</p> <p>(b) Carrier. A person who, without any apparent symptoms of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.</p> <p>(c) Communicable disease. An illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a well person from an infected person, animal or arthropod, or through the agency of an intermediate host, vector of the inanimate environment.</p> <p>(d) Department. The State Department of Health.</p> <p>(d.1) HIV-related test. Any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or to indicate the presence of HIV infection.</p> <p>(e) Isolation. The separation for the period of communicability of infected persons or animals from other persons or animals in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.</p> <p>(f) Local board or department of health. The board of health or the department of public health of a city, borough, incorporated town or township of the first class, or a county department of health, or joint county department of health.</p> <p>(g) Local health officer. The head of a local department of health.</p> <p>(h) Municipality. A city, borough, incorporated town or township.</p> <p>(i) Quarantine. The limitation of freedom of movement of persons or animals who have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease in such manner as to prevent effective contact with those not so exposed. Quarantine may be complete, or, as defined below, it may be modified, or it may consist merely of surveillance or segregation.</p> <p>(1) Modified quarantine is a selected, partial limitation of freedom of movement, determined on the basis of differences in susceptibility or danger of disease transmission, which is designed to meet particular</p>

PA Title 35 Code §	Code Language
	<p>situations. Modified quarantine includes, but is not limited to, the exclusion of children from school and the prohibition or the restriction of those exposed to a communicable disease from engaging in particular occupations.</p> <p>(2) Surveillance is the close supervision of persons and animals exposed to a communicable disease without restricting their movement.</p> <p>(3) Segregation is the separation for special control or observation of one or more persons or animals from other persons or animals to facilitate the control of a communicable disease.</p> <p>(j) Regulation. Any rule or regulation issued by the board, or any ordinance, rule or regulation enacted or issued by any municipality or county department of health, or joint county department of health, pursuant to this act.</p> <p>(k) Reportable disease. (a) Any communicable disease declared reportable by regulation; (b) any unusual or group expression of illness which, in the opinion of the secretary, may be a public health emergency; and (c) such non-communicable diseases and conditions for which the secretary may authorize reporting to provide data and information which, in the opinion of the Advisory Health Board, are needed in order effectively to carry out those programs of the department designed to protect and promote the health of the people of the Commonwealth, or to determine the need for the establishment of such programs.</p> <p>(l) Secretary. The State Secretary of Health.</p>
§ 521.11a	<p>Human Immunodeficiency Virus (HIV) Testing of Certain Convicted Offenders</p> <p>(a) This section is enacted in order to comply with the requirements of section 506 of the Omnibus Crime Control and Safe Streets Act of 1968 (Public Law 90-351, 42 U.S.C. § 3756) which compels states to enact a law requiring administration of HIV-related tests to individuals convicted of specified offenses when a victim requests that such a test be performed.</p> <p>(b) When an individual has been convicted or adjudicated delinquent of one of the offenses listed in subsection (c), the victim of that offense may request that an HIV-related test be performed on the individual who has been convicted or adjudicated delinquent, and the results of that test shall be disclosed to the victim. If the victim requests a test within six weeks of the conviction or adjudication of delinquency, then the individual who has been convicted or adjudicated delinquent shall be deemed to have consented to the performance of an HIV-related test and to the release of the results of that test to the victim notwithstanding sections 5(a) and 7(a)(3) of the act of November 29, 1990 (P.L. 585, No. 148), known as the "Confidentiality of HIV-Related Information Act"; the test shall otherwise be administered and the results released to the victim in accordance with the provisions of the "Confidentiality of HIV-Related</p>

PA Title 35 Code §	Code Language
	<p>Information Act." As used in this subsection, the term "victim" shall include the parent or legal guardian of a minor or mentally disabled adult. As used in this subsection, the term "convicted" includes conviction by entry of a plea of guilty or nolo contendere, conviction after trial and a finding of not guilty due to insanity or a finding of guilty but mentally ill.</p> <p>(c) The HIV-related test shall be performed at the request of a victim if the individual has been convicted or adjudicated delinquent under one of the following provisions of 18 Pa.C.S. (relating to crimes and offenses): Section 3121 (relating to rape). Section 3122 (relating to statutory rape). Section 3123 (relating to involuntary deviate sexual intercourse). Section 3128 (relating to spousal sexual assault). Section 4302 (relating to incest). Section 6301 (relating to corruption of minors) if there has been sexual intercourse as defined in 18 Pa.C.S. § 3101 (relating to definitions) between the individual who has been convicted or adjudicated delinquent and the victim.</p> <p>(d) When a victim requests that an HIV-related test be performed on an individual convicted or adjudicated delinquent of one of the offenses listed in subsection (c), the request shall be forwarded to the department or local board or local health department along with the name and current address of the victim and the individual convicted or adjudicated delinquent, if known. All information regarding the request shall be maintained as confidential in accordance with section 15 of this act.</p> <p>(e) The department or local board or local health department shall make provisions for: (1) The administration of the HIV-related test to the individual convicted or adjudicated delinquent in accordance with subsection (b) of this section. (2) Notification to the victim of the results of the test administered to the individual convicted or adjudicated delinquent. (3) HIV-related testing to and counseling of the victim in accordance with the "Confidentiality of HIV-Related Information Act," at no cost to the victim. (4) Referral of the victim to appropriate health care and support services.</p>
§ 521.14a	<p>Treatment of minors</p> <p>Any person under the age of twenty-one years infected with a venereal disease may be given appropriate treatment by a physician. If the minor consents to undergo treatment, approval or consent of his parents or persons in loco parentis shall not be necessary and the physician shall not be sued or held liable for properly administering appropriate treatment to the minor.</p>
§ 7601	<p>Short title</p>

PA Title 35 Code §	Code Language
	<p>This act shall be known and may be cited as the Confidentiality of HIV-Related Information Act.</p>
<p>§ 7602</p>	<p>Legislative intent</p> <p>(a) FINDINGS.-- The General Assembly finds that the incidence of acquired immune deficiency syndrome (AIDS) is increasing in this Commonwealth at a significant rate. Controlling the incidence of this disease is aided by providing testing and counseling activities for those persons who are at risk of exposure to or who are carrying the human immunodeficiency virus (HIV), which is the causative agent of AIDS. Testing and counseling are promoted by establishing confidentiality requirements which protect individuals from inappropriate disclosure and subsequent misuse of confidential HIV-related information. The General Assembly also finds that, since certain specific behaviors place a person at risk of contracting the virus, testing and counseling of persons who are at risk of exposure to the virus makes an efficient use of available funding.</p> <p>(b) FURTHER FINDINGS.-- The General Assembly further finds that individual health care providers are increasingly concerned about occupational exposure to human immunodeficiency virus (HIV), the causative agent for acquired immune deficiency syndrome (AIDS). Due to the nature of their work, individual health care providers and first responders frequently come into contact with the blood and/or body fluids of individuals whose HIV infection status is not known. Regardless of the use of universal precautions to prevent HIV transmission between patients and individual health care providers, there will be instances of significant exposure to the blood and/or body fluids of patients.</p> <p>(c) INTENT.-- It is the intent of the General Assembly to promote confidential testing on an informed and voluntary basis in order to encourage those most in need to obtain testing and appropriate counseling.</p> <p>(d) FURTHER INTENT.-- It is the further intent of the General Assembly to provide a narrow exposure notification and information mechanism for individual health care providers or first responders, who experience a significant exposure to a patient's blood and/or body fluids, to learn of a patient's HIV infection status and thereby obtain the means to make informed decisions with respect to modes and duration of therapy as well as measures to reduce the likelihood of transmitting an infection to others.</p>
<p>§ 7603</p>	<p>Definitions</p> <p>The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:</p>

PA Title 35 Code §	Code Language
	<p>"AIDS." Acquired immune deficiency syndrome.</p> <p>"AVAILABLE BLOOD." Blood that is in the possession of the institutional health care provider or the source patient's physician pursuant to a valid authorization.</p> <p>"CDC." The Centers for Disease Control of the United States Public Health Service.</p> <p>"CONFIDENTIAL HIV-RELATED INFORMATION." Any information which is in the possession of a person who provides one or more health or social services or who obtains the information pursuant to a release of confidential HIV-related information and which concerns whether an individual has been the subject of an HIV-related test, or has HIV, HIV-related illness or AIDS; or any information which identifies or reasonably could identify an individual as having one or more of these conditions, including information pertaining to the individual's contacts.</p> <p>"CONTACT." A sex-sharing or needle-sharing partner of the subject.</p> <p>"DEPARTMENT." The Department of Health of the Commonwealth.</p> <p>"FIRST RESPONDER." Police, firefighters, rescue personnel or any other person who provides emergency response, first aid or other medically related assistance either in the course of their occupational duties or as a volunteer, which may expose them to contact with a person's bodily fluids.</p> <p>"HEALTH CARE PROVIDER." An individual or institutional health care provider.</p> <p>"HIV." The human immunodeficiency virus.</p> <p>"HIV-RELATED TEST." Any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or to indicate the presence of HIV infection.</p> <p>"HOME CARE AGENCY." Any organization or part of an organization which is staffed and equipped to provide in-home health care services. The term includes, but is not limited to, Pennsylvania-licensed home health agencies, home health aide agencies or private duty care agencies.</p> <p>"INDIVIDUAL HEALTH CARE PROVIDER." A physician, nurse, emergency medical services worker, chiropractor, optometrist, psychologist, nurse-midwife, physician assistant, dentist or other person, including a professional corporation or partnership, providing medical, nursing, drug or alcohol rehabilitation services, mental health services, other health care services or an employee or agent of such individual or an institutional health care provider.</p>

PA Title 35 Code §	Code Language
	<p>"INSTITUTIONAL HEALTH CARE PROVIDER." A hospital, nursing home, hospice, clinic, blood bank, plasmapheresis or other blood product center, organ or tissue bank, sperm bank, clinical laboratory, residential or outpatient drug and alcohol rehabilitation service, mental health facility, mental retardation facility, home care agency as defined in this act, or any health care institution required to be licensed in this Commonwealth whether privately or publicly operated.</p> <p>"INSURER." Any insurance company, association or exchange authorized to do business in this Commonwealth under the act of May 17, 1921 (P.L. 682, No. 284), known as The Insurance Company Law of 1921, any entity subject to 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations), the act of December 29, 1972 (P.L. 1701, No. 364), known as the Health Maintenance Organization Act, or the act of July 29, 1977 (P.L. 105, No. 38), known as the Fraternal Benefit Society Code.</p> <p>"SIGNIFICANT EXPOSURE." Direct contact with blood or body fluids of a patient in a manner which, according to the most current guidelines of the Centers for Disease Control, is capable of transmitting human immunodeficiency virus, including, but not limited to, a percutaneous injury (e.g., a needle stick or cut with a sharp object), contact of mucous membranes or contact of skin (especially when the exposed skin is chapped, abraded or afflicted with dermatitis) or if the contact is prolonged or involves an extensive area.</p> <p>"SOURCE PATIENT." Any person whose body fluids have been the source of a significant exposure to an individual health care provider.</p> <p>"SUBJECT." An individual or a guardian of the person of that individual.</p> <p>"SUBSTITUTE DECISIONMAKER." Any guardian or person who by law or medical practice is authorized to consent on behalf of an incompetent person for medical treatment.</p>
§ 7605	<p>Consent to HIV-related test</p> <p>(a) CONSENT.-- Except as provided in section 6 with respect to the involuntary testing of a source patient, no HIV-related test shall be performed without first obtaining the informed written consent of the subject. Any consent shall be preceded by an explanation of the test, including its purpose, potential uses, limitations and the meaning of its results.</p> <p>(b) PRETEST COUNSELING.-- No HIV-related test may be performed without first making available to the subject information regarding measures for the prevention of, exposure to and transmission of HIV.</p> <p>(c) CONFIRMATORY TEST.-- No test result shall be determined as positive, and no positive test result shall be revealed, without</p>

PA Title 35 Code §	Code Language
	<p>confirmatory testing if it is required by generally accepted medical standards.</p> <p>(d) NOTICE OF TEST RESULT.-- The physician who ordered the test, the physician's designee or a successor in the same relationship to the subject shall make a good faith effort to inform the subject of the result regardless of whether the result is positive or negative.</p> <p>(e) POST-TEST COUNSELING.--</p> <p>(1) No positive or negative test result shall be revealed to the subject without affording the subject the immediate opportunity for individual, face-to-face counseling about:</p> <ul style="list-style-type: none"> (i) The significance of the test results. (ii) Measures for the prevention of the transmission of HIV. (iii) The benefits of locating and counseling any individual by whom the subject may have been exposed to HIV and the availability of any services with respect to locating and counseling such individual. <p>(2) No positive test result shall be revealed to the subject without, in addition to meeting the requirements of paragraph (1), also affording the subject the immediate opportunity for individual, face-to-face counseling about:</p> <ul style="list-style-type: none"> (i) The availability of any appropriate health care services, including mental health care, and appropriate social and support services. (ii) The benefits of locating and counseling any individual who the infected subject may have exposed to HIV and the availability of any services with respect to locating and counseling such individual. <p>(f) BLINDED HIV-RELATED TESTING.-- Blinded HIV-related testing for purposes of research performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher is prohibited, unless reviewed and approved by the institutional review board established by the department except for testing pursuant to research approved by an institutional review board prior to the effective date of this act. The department shall make a good faith effort to maintain records of the results of blinded HIV tests performed in this Commonwealth and shall, on a yearly basis, forward information concerning the results to the appropriate committees of the General Assembly.</p> <p>(g) EXCEPTIONS.--</p> <p>(1) The provisions of subsections (a), (b), (c), (d) and (e) shall not apply to the following:</p> <ul style="list-style-type: none"> (i) The performance of an HIV-related test on a cadaver by a health care provider which procures, processes, distributes or uses a human body or a human body part, tissue or semen for use in medical research, therapy or transplantation. (ii) The performance of an HIV-related test for the purpose of medical research not prohibited by subsection (f) if the testing is performed in a manner by which the identity of the test subject is

PA Title 35 Code §	Code Language
	<p>not known and may not be retrieved by the researcher.</p> <p>(iii) The performance of an HIV-related test when the test result of a subject is required by an insurer for underwriting purposes. However, the insurer shall satisfy the requirements of subsection (h).</p> <p>(2) The provisions of subsections (a), (b) and (c) shall not apply to the performance of an HIV-related test in a medical emergency when the subject of the test is unable to grant or withhold consent and the test result is medically necessary for diagnostic purposes to provide appropriate emergency care to the subject.</p> <p>(3) The provisions of subsections (d) and (e) shall not apply when a negative HIV-related test result is secured by a subject who has taken the test solely to satisfy a requirement for donating a human body or human body part, tissue or semen for use in medical research, therapy, transfusion or transplantation. However, if the subject requests identification of a negative test result, the test result shall be provided to the subject in accordance with subsection (d).</p> <p>(h) REQUIREMENTS APPLICABLE TO INSURERS.--</p> <p>(1) No HIV-related test shall be performed without first obtaining the informed written consent of the subject. Any consent shall be preceded, in writing, by:</p> <p>(i) A disclosure of the effects of the test result on the approval of the application, or the risk classification of the subject.</p> <p>(ii) Information explaining AIDS, HIV and the HIV-related test.</p> <p>(iii) A description of the insurer's confidentiality standards.</p> <p>(iv) A statement that, because of the serious nature of HIV-related illnesses, the subject may desire to obtain counseling before undergoing the HIV-related test.</p> <p>(v) Information concerning the availability of alternative HIV-related testing and counseling provided by the department and local health departments, and the telephone number of the department from which the subject may secure additional information on such testing and counseling.</p> <p>(2) The insurer is required to disclose to the subject a negative test result on an HIV-related test only if the subject requests notification.</p> <p>(3) The insurer shall not disclose to the subject of an HIV-related test a positive test result. On the form on which the insurer secures the subject's written consent to the HIV-related test, the subject shall be required to designate to whom a positive test result shall be disclosed. The subject shall have the choice of designating a physician, the department or a local health department, or a local community-based organization from a list of such organizations prepared by the department. The insurer shall notify the designee of a positive test result.</p> <p>(4) A positive test result shall be disclosed to the subject, by the designee, in accordance with subsections (d) and (e). The department may elect to have its disclosure responsibilities satisfied by a local health department.</p>
§ 7606	Certification of significant exposure and testing procedures

PA Title 35 Code §	Code Language
	<p>(a) PHYSICIAN'S EVALUATION OF SIGNIFICANT EXPOSURE.--</p> <p>(1) Whenever an individual health care provider or first responder experiences an exposure to a patient's blood or bodily fluids during the course of rendering health care or occupational services, the individual may request an evaluation of the exposure, by a physician, to determine if it is a significant exposure as defined in this act. No physician shall certify his own significant exposure or that of any of his employees. Such requests shall be made within 72 hours of the exposure.</p> <p>(2) Within 72 hours of the request, the physician shall make written certification of the significance of the exposure.</p> <p>(3) If the physician determines that the individual health care provider or first responder has experienced a significant exposure, the physician shall offer the exposed individual the opportunity to undergo testing, following the procedure outlined in section 5.</p> <p>(b) OPPORTUNITY FOR SOURCE PATIENT TO CONSENT.--</p> <p>(1) In the event that an exposed individual health care provider or first responder is certified to have experienced a significant exposure and has submitted to an HIV-related test, no testing shall be performed on a source patient's available blood unless the certifying physician provides a copy of the written certification of significant exposure to the source patient's physician or institutional health care provider in possession of the available blood and the source patient's physician or institutional health care provider has made a good faith effort to:</p> <p>(i) Notify the source patient or substitute decisionmaker of the significant exposure.</p> <p>(ii) Seek the source patient's voluntary informed consent to the HIV-related testing as specified in section 5(a).</p> <p>(iii) Provide counseling as required under section 5(b).</p> <p>(2) The source patient's physician or institutional health care provider that receives a certification of significant exposure shall begin to comply with the request within 24 hours. If the source patient's physician or institutional health care provider is unable to secure the source patient's consent because the source patient or the source patient's substitute decisionmaker refuses to grant informed consent or the source patient cannot be located, the source patient's physician or institutional health care provider shall arrange for an entry to be placed on the source patient's medical record to that effect. If these procedures are followed and the entry is made on the source patient's medical record, then HIV-related tests shall be performed on the source patient's available blood if requested by the exposed individual health care provider or first responder who has submitted to an HIV-related test.</p> <p>(3) The physician ordering the HIV-related test on a source patient's available blood on behalf of the source patient's physician or institutional health care provider shall comply with section 5(c) through (e).</p> <p>(4) The health care provider or first responder shall be notified of the results of the HIV-related test on the source patient's blood if the health care provider or first responder's baseline HIV-related test is negative. Further disclosure of the test results is prohibited unless authorized under</p>

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	section 7.
§ 7607	<p>Confidentiality of records</p> <p>(a) LIMITATIONS ON DISCLOSURE.-- No person or employee, or agent of such person, who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information under subsection (c) may disclose or be compelled to disclose the information, except to the following persons:</p> <ol style="list-style-type: none"> (1) The subject. (2) The physician who ordered the test, or the physician's designee. (3) Any person specifically designated in a written consent as provided for in subsection (c). (4) An agent, employee or medical staff member of a health care provider, when the health care provider has received confidential HIV-related information during the course of the subject's diagnosis or treatment by the health care provider, provided that the agent, employee or medical staff member is involved in the medical care or treatment of the subject. Nothing in this paragraph shall be construed to require the segregation of confidential HIV-related information from a subject's medical record. (5) A peer review organization or committee as defined in the act of July 20, 1974 (P.L. 564, No. 193), known as the Peer Review Protection Act, a nationally recognized accrediting agency, or as otherwise provided by law, any Federal or State government agency with oversight responsibilities over health care providers. (6) Individual health care providers involved in the care of the subject with an HIV-related condition or a positive test, when knowledge of the condition or test result is necessary to provide emergency care or treatment appropriate to the individual; or health care providers consulted to determine diagnosis and treatment of the individual. (7) An insurer, to the extent necessary to reimburse health care providers or to make any payment of a claim submitted pursuant to an insured's policy. (8) The department and persons authorized to gather, transmit or receive vital statistics under the act of June 29, 1953 (P.L. 304, No. 66), known as the Vital Statistics Law of 1953. (9) The department and local boards and departments of health, as authorized by the act of April 23, 1956 (1955 P.L. 1510, No. 500), known as the Disease Prevention and Control Law of 1955. (10) A person allowed access to the information by a court order issued pursuant to section 8. (11) A funeral director responsible for the acceptance and preparation of the deceased subject. (12) Employees of county mental health/mental retardation agencies, county children and youth agencies, county juvenile probation departments, county or State facilities for delinquent youth, and contracted residential providers of the above-named entities receiving or contemplating residential placement of the subject, who: <ol style="list-style-type: none"> (i) generally are authorized to receive medical information; and

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	<p>(ii) are responsible for ensuring that the subject receives appropriate health care; and</p> <p>(iii) have a need to know the HIV-related information in order to ensure such care is provided.</p> <p>The above-named entities may release the information to a court in the course of a dispositional proceeding under 42 Pa.C.S. §§ 6351 (relating to disposition of dependent child) and 6352 (relating to disposition of delinquent child) when it is determined that such information is necessary to meet the medical needs of the subject.</p> <p>(b) SUBSEQUENT DISCLOSURE PROHIBITED.-- Notwithstanding the provisions of the Vital Statistics Law of 1953 or section 15 of the Disease Prevention and Control Law of 1955, no person to whom confidential HIV-related information has been disclosed under this act may disclose that information to another person, except as authorized by this act.</p> <p>(c) REQUIRED ELEMENTS OF WRITTEN CONSENT TO DISCLOSURE.-- A written consent to disclosure of confidential HIV-related information shall include:</p> <ol style="list-style-type: none"> (1) The specific name or general designation of the person permitted to make the disclosure. (2) The name or title of the individual, or the name of the organization to which the disclosure is to be made. (3) The name of the subject. (4) The purpose of the disclosure. (5) How much and what kind of information is to be disclosed. (6) The signature of the subject. (7) The date on which the consent is signed. (8) A statement that the consent is subject to revocation at any time except to the extent that the person who is to make the disclosure has already acted in reliance on it. (9) The date, event or condition upon which the consent will expire, if not earlier revoked. <p>(d) EXPIRED, DEFICIENT OR FALSE CONSENT.-- A disclosure may not be made on the basis of a consent which:</p> <ol style="list-style-type: none"> (1) has expired; (2) on its face substantially fails to conform to any of the requirements set forth in subsection (c); (3) is known to have been revoked; or (4) is known by the person holding the information to be materially false. <p>(e) NOTICE TO ACCOMPANY DISCLOSURE.-- Each disclosure made with the subject's written consent must be accompanied by the following written statement:</p> <p style="padding-left: 40px;">This information has been disclosed to you from records protected by Pennsylvania law. Pennsylvania law prohibits you from making</p>

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	<p>any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.</p> <p>(f) DUTY TO ESTABLISH WRITTEN PROCEDURES.-- An institutional health care provider that has access to or maintains individually identifying confidential HIV-related information shall establish written procedures for confidentiality and disclosure of the records which are in accordance with the provisions of this act within 60 days of the effective date of this act.</p>
§ 7608	<p>Court order</p> <p>(a) ORDER TO DISCLOSE.-- No court may issue an order to allow access to confidential HIV-related information unless the court finds, upon application, that one of the following conditions exists:</p> <p style="padding-left: 40px;">(1) The person seeking the information has demonstrated a compelling need for that information which cannot be accommodated by other means.</p> <p style="padding-left: 40px;">(2) The person seeking to disclose the information has a compelling need to do so.</p> <p>(b) ORDER TO TEST AND DISCLOSE.-- No court may order the performance of an HIV-related test and allow access to the test result unless the court finds, upon application, that all of the following conditions exist:</p> <p style="padding-left: 40px;">(1) The individual whose test is sought was afforded informed consent and pretest counseling procedures required by section 5(a) and (b) and the subject refused to give consent or was not capable of providing consent.</p> <p style="padding-left: 40px;">(2) The applicant was exposed to a body fluid of the individual whose test is sought and that exposure presents a significant risk of exposure to HIV infection. A determination that the applicant has incurred a significant risk of exposure to HIV infection must be supported by medical and epidemiologic data regarding the transmission of HIV, including, if available, information about the HIV risk status of the source individual and the circumstances in which the alleged exposure took place.</p> <p style="padding-left: 40px;">(3) The applicant has a compelling need to ascertain the HIV test result of the source individual.</p> <p>(c) COMPELLING NEED.-- In assessing compelling need for subsections (a) and (b), the court shall weigh the need for disclosure against the privacy interest of the individual and the public interests which may be harmed by disclosure.</p> <p>(d) PLEADINGS.-- Pleadings under this section shall substitute a pseudonym for the true name of the individual whose test result is sought. Disclosure to the parties of the individual's true name shall be</p>

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	<p>communicated confidentially in documents not filed with the court.</p> <p>(e) NOTICE.-- Before granting an order for testing or disclosure and as soon as practicable after the filing of a petition under this section, the court shall provide the individual whose test result is sought with notice and a reasonable opportunity to participate in the proceeding if the individual is not already a party.</p> <p>(f) IN CAMERA PROCEEDINGS.-- Court proceedings under this section shall be conducted in camera, unless the individual agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.</p> <p>(g) EXPEDITED PROCEEDING.-- The court shall provide for an expedited proceeding if it is requested by the applicant and the application includes verified statements that:</p> <ul style="list-style-type: none"> (1) The applicant has been exposed to a body fluid that poses a risk of HIV infection from the individual whose test result is sought. (2) The exposure occurred within six weeks of the filing of the application. (3) The exposure involves: <ul style="list-style-type: none"> (i) a percutaneous injury to the applicant's skin from a needle stick or other sharp object; (ii) contact of the applicant's eyes, mouth or other mucous membrane; (iii) contact of chapped or abraded skin of the applicant; or (iv) prolonged contact of the applicant's skin. <p>An expedited proceeding on the application shall be held no later than five days after the court complies with subsection (e), pertaining to notice requirements.</p> <p>(h) SAFEGUARDS AGAINST DISCLOSURE.-- Upon the issuance of an order to disclose the information, the court shall impose appropriate safeguards against unauthorized disclosure which shall specify the following:</p> <ul style="list-style-type: none"> (1) The particular information which is essential to accommodate the need of the party seeking disclosure. (2) The persons who may have access to the information. (3) The purposes for which the information will be used. (4) The appropriate prohibitions on future disclosure as provided for in section 7.
§ 7609	<p>Civil immunity for certain physicians</p> <p>(a) PERMISSIBLE DISCLOSURE.-- Notwithstanding the provisions of section 7, a physician may disclose confidential HIV-related information if all of the following conditions are met:</p> <ul style="list-style-type: none"> (1) The disclosure is made to a known contact of the subject.

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	<p>(2) The physician reasonably believes disclosure is medically appropriate, and there is a significant risk of future infection to the contact.</p> <p>(3) The physician has counseled the subject regarding the need to notify the contact, and the physician reasonably believes the subject will not inform the contact or abstain from sexual or needle-sharing behavior which poses a significant risk of infection to the contact.</p> <p>(4) The physician has informed the subject of his intent to make such disclosure.</p> <p>(b) SUBJECT NOT TO BE IDENTIFIED.-- When making such disclosure to a contact, the physician shall not disclose the identity of the subject or any other contact. Disclosure shall be made in person except where circumstances reasonably prevent doing so.</p> <p>(c) DUTIES RELATING TO CONTACTS.-- A physician shall have no duty to identify, locate or notify any contact, and no cause of action shall arise for nondisclosure or for disclosure in conformity with this section.</p> <p>(d) OTHER IMMUNITY.-- The physician who certifies that a significant exposure has occurred as provided by section 6 shall not be subject to civil liability for the exposure evaluation if acting in the good faith and reasonable belief that the certification was appropriate and consistent with this act.</p>
§ 7611	<p>Separate violations</p> <p>Each disclosure of confidential HIV-related information in violation of this act or each HIV-related test conducted in contravention of this act is separate for purposes of civil liability.</p>
§ 10103	<p>Pregnancy, venereal disease and other reportable diseases</p> <p>Any minor may give effective consent for medical and health services to determine the presence of or to treat pregnancy, and venereal disease and other diseases reportable under the act of April 23, 1956 (P.L. 1510), known as the "Disease Prevention and Control Law of 1955," and the consent of no other person shall be necessary.</p>

Title 42: Judiciary and Judicial Procedure

PA Title 42 Code §	Code Language
§ 9764	<p>Information required upon commitment and subsequent disposition</p> <p>(a) GENERAL RULE.-- Upon commitment of an inmate to the custody of the Department of Corrections, the sheriff or transporting official shall provide to the institution's records officer or duty officer, in addition to a copy of the court commitment form CD-300B generated from the Common Pleas Criminal Court Case Management System of the Unified Judicial System, the following information:</p> <ul style="list-style-type: none"> (1) Record of adjustment in the county correctional facility, including, but not limited to, misconducts and escape history. (2) Any current medical or psychological condition requiring treatment, including, but not limited to, suicide attempts. (3) All medical records of the county correctional institution relating to the inmate to the extent that those records may be disclosed under Federal and State law. The records shall include admission testing performed by the county and the results of those tests and any testing related to hepatitis, HIV/AIDS, tuberculosis or other infectious disease testing. (4) Notice of current or previously administered medications. (5) A 48-hour supply of current medications. (6) A written statement by the county correctional institution relating to any sentencing credit to which the inmate may be entitled. (7) A written statement by the county correctional institution setting forth all of the following: <ul style="list-style-type: none"> (i) The dates on which the inmate was incarcerated. (ii) The charges pending against the inmate with the offense tracking number. (iii) The date on which the inmate was released on bail, if any, and a copy of the bail order. (8) A copy of the sentencing order and any detainers filed against the inmate which the county has notice. <p>(b) ADDITIONAL INFORMATION.-- Within ten days from the date sentence is imposed, the court shall provide to the county correctional facility the following information pertaining to the inmate:</p> <ul style="list-style-type: none"> (1) A copy of the presentence investigation report. Where a presentence investigation report was not ordered by the court, the official version of the crime for which the inmate was convicted or a copy of the guilty plea transcript or preliminary hearing transcript. (2) The criminal complaint or affidavit of probable cause accompanying the arrest warrant. (3) Where available, the police report summarizing the facts of the crime. (4) A copy of the completed guideline sentence form issued by the Pennsylvania Commission on Sentencing. (5) All of the following: <ul style="list-style-type: none"> (i) A written, sealed sentencing order from the county.

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	<p>(ii) The sentencing colloquy sealed by the court.</p> <p>(iii) The Court Commitment Form DC-300B generated from the Common Pleas Criminal Court Case Management System of the Unified Judicial System.</p> <p>(v) Any detainers filed against the inmate of which the county has notice.</p> <p>(c) Transmittal of additional inmate documentation.—If a document provided by the court under subsection (b) is received by the county correctional institution after the inmate is transferred to the custody of the Department of Corrections, the document shall be transmitted to the Department of Corrections within 20 calendar days of its receipt.</p> <p>(c.1) Implementation.--</p> <p>(1) The Department of Corrections may refuse to accept custody of an inmate for whom the sheriff or transporting official does not provide the information under subsection (a) under the following circumstances:</p> <p>(i) The county correctional facility has a pattern or practice of not providing the information mandated under this section.</p> <p>(ii) The Department of Corrections has previously notified the chief administrator of the county correctional facility, the county commissioners, the county sheriff and the president judge of the county of the specific deficiencies that constitute a pattern or practice.</p> <p>(iii) The Department of Corrections has provided the county with a reasonable period of time to provide the documentation.</p> <p>(iv) The Department of Corrections has notified the officials designated under subparagraph (ii) of the intent to refuse to accept inmates without documentation as of a specified date that shall be no sooner than 30 days after the service of the notification.</p> <p>(2) In cases of a refusal to accept custody of an inmate under this subsection, the sheriff or transporting official shall return the inmate to the sending county correctional institution, which shall accept custody of the inmate. The inmate may be recommitted to the custody of the Department of Corrections upon provision of the documentation required under subsection (a).</p> <p>(3) The Department of Corrections, board and county correctional facility shall not be liable for the compensatory, punitive or other damages for relying in good faith on any sentencing order or court commitment form DC-300B generated from the Common Pleas Criminal Court Case Management system of the Unified Judicial system or otherwise transmitted to them.</p> <p>(c.2) Effect of electronic transfer of information.-- Notwithstanding any electronic transfer of information which may occur, the Department of Corrections, in its discretion, may require actual sealed court orders to the extent that they related to the commitment, term of sentence, or other matter that may affect the fact or duration of confinement.</p> <p>(d) TRANSFER TO COUNTY FACILITY.-- Upon transfer of an inmate from a State correctional institution to a county correctional facility, the Department of Corrections shall provide to the county facility, unless the facility prior to the time of transfer agrees to accept the inmate without</p>

PA Title 42 Code §	Code Language
	<p>the information, the record of the inmate's institutional adjustment, including, but not limited to, misconducts and/or escape history, and written notice of any current medical or psychological condition requiring treatment, including, but not limited to, suicide attempts, notice of current or previously ordered medication and a 48-hour supply of current medication.</p> <p>(e) RELEASE BY DEPARTMENT OF CORRECTIONS.-- Prior to the release of an inmate from the Department of Corrections to State parole supervision, the Department of Corrections shall provide to the Board of Probation and Parole the information contained in subsections (a)(1) and (2) and (b).</p> <p>(f) RELEASE FROM COUNTY CORRECTIONAL FACILITY TO STATE PROBATION OR PAROLE.-- (1) Prior to the release of an inmate from a county correctional facility to State probation or parole supervision, the facility shall provide to the Board of Probation and Parole the information contained in subsections (a)(1) through (4) and (b). (2) Prior to the release of an inmate from a county correctional facility to State probation or parole supervision, the facility shall provide to the inmate his current medications as prescribed and any customary and necessary medical supplies as determined by the prescribing physician.</p> <p>(g) RELEASE FROM COUNTY CORRECTIONAL FACILITY TO COUNTY PROBATION OR PAROLE.-- (1) Prior to the release of an inmate from a county correctional facility to county probation or parole supervision, the facility shall provide to the county probation department the information contained in subsections (a)(1) through (4) and (b). (2) Prior to the release of an inmate from a county correctional facility to county probation or parole supervision, the facility shall provide to the inmate his current medications as prescribed and any customary and necessary medical supplies as determined by the prescribing physician.</p> <p>(h) RECORD OF INMATE MONEYS.-- Prior to the release of an inmate from the Department of Corrections to State parole supervision, the department shall provide to the Board of Probation and Parole a record of any moneys paid by the inmate and any balance remaining towards satisfaction of restitution or any other court-ordered financial obligations. Prior to the release of an inmate from a county correctional facility to State parole supervision, the county correctional facility shall provide to the Board of Probation and Parole a record of any moneys paid by the inmate and any balance remaining towards the satisfaction of restitution or any other court-ordered financial obligations. Prior to the release of an inmate from a county correctional facility to county parole supervision, the facility shall provide to the county probation department or other agent designated by the county commissioners of the county with the approval of the president judge of the county a record of any moneys paid</p>

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	<p>by the inmate and any remaining balance towards the satisfaction of restitution and any other court-ordered financial obligations.</p> <p>(i) CONTINUING PAYMENTS.-- The Board of Probation and Parole shall require as a condition of parole that any inmate released to their supervision shall make continuing payments on restitution or any other court-ordered financial obligations. The sentencing court shall require as a condition of county parole that any inmate released to the supervision of the county probation department shall make continuing payments of restitution or any other court-ordered financial obligations.</p> <p>(j) RELEASE AFTER MAXIMUM SENTENCE.-- Upon release of an inmate from the Department of Corrections at the expiration of his maximum sentence, the Department of Corrections shall transmit to the county probation department or other agent designated by the county commissioners of the county with the approval of the president judge of the county in which the inmate was convicted a record of any moneys paid by the inmate and any outstanding amounts owed by the inmate towards satisfaction of restitution or any other court-ordered financial obligations.</p> <p>(k) PROCEDURES.-- The Department of Corrections and the Pennsylvania Board of Probation and Parole shall develop procedures to implement the provisions of this section.</p> <p>(l) APPLICATION.-- This section shall apply to offenders transferred to or released from a State or county correctional facility after the effective date of this section.</p>

Pennsylvania Code – Title 4: Administration

<p>Title 4 Pa Code</p>	<p>Code Language</p>
<p>4 Pa Code §1.161</p>	<p>Prohibition of discrimination and affirmation of equal employment opportunity.</p> <p>(a) An agency under the jurisdiction of the Governor may not discriminate against an employee or applicant for employment because of race, color, religious creed, ancestry, union membership, age, gender, sexual orientation, gender identity or expression, national origin, AIDS or HIV status or disability.</p> <p>(b) Positive steps shall be taken by each agency under the jurisdiction of the Governor to ensure fair and equal employment opportunity at every level of government.</p> <p>(c) Sexual harassment or harassment based on any of the factors listed in subsection (a) is prohibited.</p>
<p>4 Pa Code §7.431</p>	<p>Overall HIV/AIDS and related disease workplace policy.</p> <p>(a) This administration’s policy is to provide a nondiscriminatory environment that positively addresses the needs of persons with HIV/AIDS, takes steps to reduce the spread of HIV and ensures a safe working environment for staff who work with persons with HIV/AIDS.</p> <p>(b) Persons with HIV or AIDS are to be treated with respect and dignity and not to be denied any government service due to them. State agencies, consistent with the services they provide, are to take steps to address HIV/AIDS within the workplace or work environment, including educating employees about the disease and working with clients on behavior changes that reduce the chance of transmission of HIV and related diseases. State employees and persons served by the Commonwealth are not to be discriminated against on the basis of their actual or perceived HIV or AIDS status. This prohibition is reaffirmed by the Americans With Disabilities Act of 1990 (42 U.S.C.A. § § 12101—12213) and the Pennsylvania Human Relations Act (43 P. S. § § 951—963). The confidentiality of persons with HIV/AIDS will be protected by State agencies.</p> <p>(c) Commonwealth agencies will take steps to minimize the chance of on-the-job exposure to HIV through procedures known as universal or standard precautions. These steps also will reduce the chance of transmission of other diseases which are spread through blood or body fluids, such as Hepatitis B and Hepatitis C.</p>

Pennsylvania Code – Title 22: Education

<p>Title 22 Pa Code</p>	<p>Code Language</p>
<p>22 Pa Code §4.29</p>	<p>HIV/AIDS and other life-threatening and communicable diseases.</p> <p>(a) Instruction regarding prevention of human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS) and other life-threatening and communicable diseases shall be given for primary, intermediate, middle school and high school education and shall follow the requirements of subsections (b) and (c).</p> <p>(b) Educational materials and instruction shall be determined by the local school district and be appropriate to the age group being taught. The program of instruction shall include information about the nature of the diseases, treatments and cures, methods of transmission and how infection can be prevented. The school district may omit instruction in the elementary grades on transmission of disease through sexual activity. Programs discussing transmission through sexual activity shall stress that abstinence from sexual activity is the only completely reliable means of preventing sexual transmission. Programs shall stress that avoidance of illegal drug use is the only completely reliable means of preventing transmission of disease through shared drug paraphernalia.</p> <p>(c) A school district, including charter schools, shall excuse a pupil from HIV/AIDS instruction when the instruction conflicts with the religious beliefs or principles of the pupil or parent or guardian of the pupil and when excusal is requested in writing. Prior to the commencement of instruction, a school district shall publicize that detailed curriculum outlines and curricular materials used in conjunction with the instruction are available to parents and guardians during normal school hours or at teacher-parent conferences. Curricular materials, if practical, shall be made available by the school district for home instruction use by a parent or guardian of a student excused from the district's HIV/AIDS instruction.</p>

Pennsylvania Code – Title 28: Health and Safety

<p>Title 28 Pa Code</p>	<p>Code Language</p>
<p>28 Pa Code §27.4</p>	<p>Reporting cases.</p> <p>(a) Except for reporting by a clinical laboratory, a case is to be reported to the LMRO serving the area in which a case is diagnosed or identified unless another provision of this chapter directs that a particular type of case is to be reported elsewhere. A clinical laboratory shall make reports to the appropriate office of the Department.</p> <p>(b) Upon the Department’s implementation of its electronic disease surveillance system for certain types of case reports, persons who make those reports shall do so electronically using an application and reporting format provided by the Department. At least 6 months in advance of requiring a type of case report to be reported electronically, the Department will publish a notice in the Pennsylvania Bulletin announcing when electronic reporting is to begin.</p> <p>(c) This section does not prohibit a reporter from making an initial report of a case to the Department or an LMRO by telephone. The reporter will be instructed on how to make a complete case report at the time of the telephone call.</p> <p>(d) Department offices to which this chapter requires specified case reports to be filed are as follows: (1) Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research. (2) Division of Infectious Disease Epidemiology, Bureau of Epidemiology. (3) HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology. (4) Division of Newborn Disease Prevention and Identification, Bureau of Family Health.</p> <p>(e) A case shall be reported using the appropriate case report format. Information solicited by the case report form shall be provided by the reporter, irrespective of whether the report is made by submitting the form directly in hard copy or by telecommunication or electronic submission. An appropriate case report form or format may be procured from the office to which the type of case is reportable.</p>
<p>28 Pa Code §27.21a</p>	<p>Reporting of cases by health care practitioners and health care facilities.</p> <p>(a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner or health care facility</p>

<p>Title 28 Pa Code</p>	<p>Code Language</p>
	<p>suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:</p> <p>(5) Only physicians and hospitals are required to report cases of AIDS.</p> <p>(b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:</p> <p>(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:</p> <p>AIDS. HIV (Human Immunodeficiency Virus) (effective October 18, 2002).</p>
<p>28 Pa Code §27.22</p>	<p>Reporting of cases by clinical laboratories.</p> <p>(a) A person who is in charge of a clinical laboratory in which a laboratory test of a specimen derived from a human body yields microscopical, cultural, immunological, serological, chemical, virologic, nucleic acid (DNA or RNA) or other evidence significant from a public health standpoint of the presence of a disease, infection or condition listed in subsection (b) shall promptly report the findings, no later than the next work day after the close of business on the day on which the test was completed, except as otherwise noted in this chapter. The diseases, infections and conditions to be reported include the following:</p> <p>(b) The diseases, infections and conditions to be reported include the following: HIV (Human Immunodeficiency Virus) (effective October 18, 2002).</p> <p>(c) The report shall include the following, except as provided in subsection (d):</p> <p>(1) The name, age, address and telephone number of the person from whom the specimen was obtained.</p> <p>(2) The date the specimen was collected.</p> <p>(3) The source of the specimen (such as, serum, stool, CSF, wound).</p> <p>(4) The name of the test or examination performed and the date it was performed.</p> <p>(5) The results of the test.</p> <p>(6) The range of normal values for the specific test performed.</p> <p>(7) The name, address and telephone number of the physician for whom the examination or test was performed.</p> <p>(8) Other information requested in case reports or formats specified by the Department.</p> <p>(d) Laboratory test results shall be reported by the person in charge of a laboratory directly to the Department's Bureau of Epidemiology through secure electronic mechanisms in a manner specified by the Department,</p>

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	<p>except for the following: Reports of CAH, galactosemia maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell disease, cancer, CD4 T-lymphocyte test results with a count of less than 200 cells/μL or less than 14% of total lymphocytes, HIV (Human Immunodeficiency Virus), and lead poisoning shall be made in the manner and to the location specifically designated in this subchapter. See § § 27.30, 27.31, 27.32a and 27.34.</p> <p>(e) A clinical laboratory shall submit isolates of salmonella and shigella to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation.</p> <p>(f) A clinical laboratory shall submit isolates of Neisseria meningitidis obtained from a normally sterile site to the Department's Bureau of Laboratories for serogrouping within 5 work days of isolation.</p> <p>(g) A clinical laboratory shall send isolates of enterohemorrhagic E. coli to the Department's Bureau of Laboratories for appropriate further testing within 5 work days of isolation.</p> <p>(h) A clinical laboratory shall send isolates of Haemophilus influenzae obtained from a normally sterile site to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation.</p> <p>(i) The Department, upon publication of a notice in the Pennsylvania Bulletin, may authorize changes in the requirements for submission of isolates based upon medical or public health developments when such departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change will not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.</p>
<p>28 Pa Code §27.32a</p>	<p>Reporting AIDS, HIV, CD4 T-lymphocyte counts and perinatal exposure of newborns to HIV.</p> <p>(a) <i>Reporting by clinical laboratories.</i></p> <p>(1) A person in charge of a clinical laboratory shall report CD4 T-lymphocyte test results as defined in § 27.22(b) (relating to reporting of cases by clinical laboratories) electronically to the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology, within 5 days of obtaining the test results.</p> <p>(2) A person in charge of a clinical laboratory shall report positive test results of any test approved by the FDA to establish the presence of HIV, including a serologic, virologic, nucleic acid (DNA or RNA) or any other type of test the FDA approves to establish the presence of HIV. The report shall be made to the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology, within 5 days of obtaining the test results.</p> <p>(3) The report shall include the following information:</p> <p>(i) The individual's name and the address, city, county, and zip code</p>

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	<p>of the individual's residence.</p> <ul style="list-style-type: none"> (ii) The patient identifying number assigned to the individual by the physician or at the facility requesting the laboratory test. (iii) The individual's date of birth (month, day, year). (iv) The individual's sex. (v) The individual's race/ethnicity. (vi) The date of each test performed. (vii) The type of tests performed. (viii) The results of the tests. (ix) The name of the person or entity submitting the specimen for testing. (x) The address of the person or entity submitting the specimen for testing, including the zip code, physical address and telephone number of the submitter. <p>(4) To enable the laboratory to complete the report it is required to file with the Department, a person or entity that requests a laboratory test for HIV or a CD4 T-lymphocyte count shall provide to the laboratory the information in subsection (a)(3), with the exception of subparagraphs (vi)—(ix). In addition to the information included in subsection (a)(3), a person or entity that requests a laboratory test for HIV or a CD4 T-lymphocyte count shall provide to the laboratory the date each test was requested and the type of test or tests requested.</p> <p><i>(b) Reporting by physicians, hospitals, persons or entities, who diagnose AIDS or who receive or provide HIV and CD4 T-lymphocyte test results.</i></p> <p>(1) A physician, hospital, person providing HIV services or person in charge of an entity providing HIV services, who makes a diagnosis of AIDS or who receives HIV or CD4 T-lymphocyte test results or provides HIV or CD4 T-lymphocyte test results to patients, shall report the following to the LMRO responsible for the geographic area in which the person is tested or diagnosed within 5 business days of the diagnosis of AIDS or the receipt of the results of the test:</p> <ul style="list-style-type: none"> (i) A diagnosis of AIDS. (ii) A positive result of any test approved by the FDA to establish the presence of HIV, including a serologic, virologic, nucleic acid (DNA or RNA) or any other type of test the FDA approves to establish the presence of HIV (effective October 18, 2002). (iii) A CD4 T-lymphocyte test result with a count of less than 200 cells/μL or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002). (iv) A perinatal exposure of a newborn to HIV (effective October 18, 2002). <p>(2) A report of an HIV test result, CD4 T-lymphocyte count, AIDS case based on the CDC case definition, or perinatal exposure of a newborn to HIV shall include the following information:</p> <ul style="list-style-type: none"> (i) The individual's name and the address, city, county and zip code of the individual's residence. (ii) The patient identifying number assigned to the individual by the physician or at the facility requesting the laboratory test. (iii) The individual's date of birth.

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	<p>(iv) The individual's sex. (v) The individual's race or ethnicity. (vi) The date of each test performed. (vii) The type of tests performed. (viii) The test results. (ix) The patient's history on probable modes of transmission. (x) The treatment provided. (xi) The name, address and telephone number of the physician, hospital, or other person or entity that secured a specimen from the individual and submitted it for laboratory testing. (xii) The name, address and telephone number of the entity in which the diagnosis was made or that received the HIV test result or CD4 T-lymphocyte count.</p> <p>(3) In addition to reporting the AIDS diagnosis or the receipt of test results, the reporter shall maintain the data required in paragraph (2) in the patient file on the Department's HIV/AIDS report form.</p> <p>(4) An LMRO receiving reports of diagnoses of AIDS, positive HIV test results, reportable CD4 T-lymphocyte counts, and perinatal exposures to HIV shall forward completed case reports containing the information included in paragraph (2) electronically to the Department's Bureau of Epidemiology through a secure electronic mechanism specified by the Department.</p>
<p>28 Pa Code §27.32b</p>	<p>Confidential and anonymous testing.</p> <p>(a) Anonymous testing for HIV, except for blinded HIV testing authorized under section 5(f) of the Confidentiality of HIV-Related Information Act (35 P. S. § 7605(f)), may only be provided at State-designated anonymous testing sites. All other HIV testing shall be conducted confidentially with the name of the tested individual collected, and the name of the individual reported when the result of the test is reportable. A person or entity reporting as required in this section shall offer all HIV and AIDS-related services confidentially and may not provide anonymous testing, or consider any test or its results to be anonymous, unless it is a State-designated anonymous HIV testing site.</p> <p>(b) Anonymous test results shall be reported in accordance with § 27.32a(b)(2) (relating to reporting AIDS, HIV, CD4 T-lymphocyte counts and perinatal exposure of newborns to HIV). In lieu of the information required in § 27.32a(b)(2)(i), the report of an anonymous test shall include an assigned number preprinted on the HIV counseling and testing report form. The report shall also include the individual's county of residence.</p> <p>(c) The Department may create and fund an additional anonymous HIV-testing site in a particular area when it finds, based on demographic information reported to it under this chapter, that there is a lack of access to anonymous HIV testing in that particular area.</p> <p>(1) The Department may begin the process of designating an anonymous HIV testing site either by contacting a provider or by</p>

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	<p>responding to a request from a provider to increase the number of sites in the geographic area specified by the request.</p> <p>(2) If a provider is designated as an anonymous HIV-testing site, the provider shall adhere to the CDC's <i>Guidelines for Counseling, Testing, Referral and Partner Notification</i> and to the terms set out by the Department in any grant agreement.</p>
<p>28 Pa Code §27.32c</p>	<p>Counseling, testing, referral and partner notification services.</p> <p>Counseling, testing, referral and partner notification services shall be performed in accordance with the Confidentiality of HIV-Related Information Act (35 P. S. § § 7601—7612). A person providing HIV test results to a patient may ask for the Department's assistance with counseling if the person chooses to do so.</p>
<p>28 Pa Code §27.32d</p>	<p>Department authority to require complete reporting.</p> <p>The Department will have access to and may review the patient records of physicians, hospitals, persons providing HIV services and persons in charge of entities providing HIV services, who make diagnoses of AIDS, or who receive or provide HIV and CD4 T-lymphocyte test results. Access and review will enable the Department to conduct case investigations, to determine whether under-reporting is occurring, to investigate reporting delays and to investigate other reporting problems.</p>
<p>28 Pa Code §27.32e</p>	<p>Record audits.</p> <p>(a) The Department may conduct record audits of the records of physicians, hospitals, persons providing HIV services and persons in charge of entities providing HIV services who make diagnoses of AIDS or who receive or provide HIV test results for the purpose of obtaining information allowing the Department to complete HIV and CD4 T-lymphocyte case reports to aid it in tracking trends in disease and obtaining additional funding for prevention and treatment programs. The Department may audit records going back to January 1, 2000, for this purpose.</p> <p>(b) The Department may require special reports of persons or entities required to report under this chapter to ensure compliance with this chapter.</p>
<p>28 Pa Code §27.151</p>	<p>Restrictions on the donation of blood, blood products, tissue, sperm and ova.</p> <p>(a) A person known to be, or suspected of being, infected with the causative agent of a reportable disease is not allowed to donate blood, blood products, tissue, sperm or ova for use in other human beings.</p> <p>(1) In addition, a person or entity may not accept any of these materials from a person known to be, or suspected of being, infected</p>

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	<p>with the causative agent of a reportable disease for donation without obtaining laboratory evidence showing the absence of hepatitis B, hepatitis C, HIV or other diseases and infections, which the Department may specify by placing a notice in the Pennsylvania Bulletin.</p> <p>(2) The list of additional diseases and conditions will not remain in effect for more than 90 days after publication unless the Board acts to affirm it within that 90-day period.</p> <p>(b) The only exception to a person or entity accepting donations without obtaining laboratory evidence showing the absence of diseases and infections designated by the Department is when the delay that would be necessary to properly test the blood of the donor would threaten the recipient's survival.</p>
<p>28 Pa Code §30.30</p>	<p>Identification and screening of donors.</p> <p>Selection for donor criteria shall at least be equivalent to all current Federal regulations and shall include the following:</p> <p>(1) Donors must be identified by name, age, sex and address. There shall be a numerical system to positively identify and relate the donor, donor record, blood container and pilot tubes in each step from donor to recipient and including preparation of components.</p> <p>(2) Donors shall be between the ages of 17 through 65. Donors between ages of 17 and 18 must have a written consent signed by a parent or guardian. Donors, after their 66th birthday, who meet all other criteria for acceptability may be accepted at the discretion of the medical director if they have obtained written consent from a physician within 2 weeks before the date of donation or if the medical director contacts the attending physician and secures concurrence.</p> <p>(3) Intervals between donations of a full unit of blood shall be eight weeks except for autologous transfusion, and the interval between donations by plasmapheresis shall be at least 48 hours.</p> <p>(4) Donors must be examined at the time of donation, and at least the following physical criteria must be within medically accepted limits for blood donors: temperature, blood pressure, and pulse. There must be no sign of acute disease or history of disease that will affect the normal use of blood. Any history of chronic disease shall disqualify the donor, unless specific approval is obtained from the donor and the medical director of the blood bank. Final acceptance of a donor is the responsibility of the medical director.</p> <p>(5) Donors must weigh at least 110 pounds if they are to give a full donation of 480 milliliters. Donors weighing less than 110 pounds may be bled less than full amounts, when required, under the direct supervision of the medical director.</p> <p>(6) All donors must be within normal limits of hemoglobin or hematocrit. Blood group and Rh type shall be determined and recorded for each donation. Blood group and Rh type determinations are not required for plasmapheresis donors.</p> <p>(7) Donors shall be free from infectious diseases known to be</p>

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	<p>transmissible by blood insofar as can be determined by usual examinations.</p>
<p>28 Pa Code §704.11</p>	<p>Staffing Requirements for Drug and Alcohol Treatment Activities - Staff development program.</p> <p>(a) Components. The project director shall develop a comprehensive staff development program for agency personnel including policies and procedures for the program indicating who is responsible and the time frames for completion of the following components:</p> <ol style="list-style-type: none"> (1) An assessment of staff training needs. (2) An overall plan for addressing these needs. (3) A mechanism to collect feedback on completed training. (4) An annual evaluation of the overall training plan. <p>(b) Individual training plan.</p> <ol style="list-style-type: none"> (1) A written individual training plan for each employe, appropriate to that employe’s skill level, shall be developed annually with input from both the employe and the supervisor. (2) This plan shall be based upon an employe’s previous education, experience, current job functions and job performance. (3) Each individual employe shall complete the minimum training hours as listed in subsections (d)—(g). The subject areas in subsections (d)—(g), with the exception of subsection (g), are suggested training areas. They are not mandates. Subject selections shall be based upon needs delineated in the individual’s training plan. <p>(c) General training requirements.</p> <ol style="list-style-type: none"> (1) Staff persons and volunteers shall receive a minimum of 6 hours of HIV/AIDS and at least 4 hours of tuberculosis, sexually transmitted diseases and other health related topics training using a Department approved curriculum. Counselors and counselor assistants shall complete the training within the first year of employment. All other staff shall complete the training within the first 2 years of employment.
<p>28 Pa Code §715.18</p>	<p>Rehabilitative services.</p> <p>(a) A narcotic treatment program shall provide, either onsite or through referral agreements, a full range of rehabilitative services. Rehabilitative services shall include:</p> <ol style="list-style-type: none"> (1) HIV education services. (2) Employment services. (3) Adult educational services. (4) Behavioral health services. <p>(b) A patient shall also have the opportunity to access legal services.</p>
<p>28 Pa Code §5320.45</p>	<p>Requirements for Long-term Structured Residence Licensure - Staff orientation and training.</p>

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	<p>The program director shall oversee orientation and training of the staff, including:</p> <ul style="list-style-type: none"> (1) In-service and out-service training relevant to the needs of the population being served by the facility. (2) A written policy for orientation and training of direct care and support staff according to the following criteria: <ul style="list-style-type: none"> (i) Full-time staff, defined as working 30 hours per week or more, shall receive a minimum amount of orientation as follows: <ul style="list-style-type: none"> (A) Direct care staff—20 hours. (B) Support staff—4 hours. (ii) Regularly scheduled part-time staff, defined as working less than 30 hours per week, shall receive a minimum amount of orientation as follows: <ul style="list-style-type: none"> (A) Part-time direct care staff—10 hours. (B) Part-time support staff—2 hours. (3) Written documentation that an orientation program includes the following topics: <ul style="list-style-type: none"> (i) Program philosophy, mission statement, goals and objectives. (ii) Review and update of all policies and procedures. (iii) Infection control including universal precautions, risk reduction and HIV education. (iv) Confidentiality.