

Alabama

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April 8, 2011

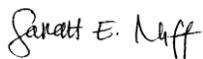
To the Reader:

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 updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



Sarah E. Neff, MPH
Director of Research and Evaluation

&



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

Alabama

A Quick Reference Guide for Clinicians to Alabama HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant Alabama 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 Alabama HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- Informed consent required; general consent may be used (see *State Policies Relating to HIV Testing, 2011*, below). Compatible with CDC Recommendations and Guidelines.

Counseling

- Post-test counseling is required with HIV positive test results.

Provisos of Testing

- **Anonymous**
 - No specific provisions regarding anonymous testing were found.
- **Rapid**
 - Rapid testing may be used on pregnant women presenting to labor and delivery.
 - 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 partners of a possible exposure to HIV is required.

Minor/Adolescent Testing

- Persons 12 years of age or older may consent to STD testing, HIV not explicitly included.

Alabama

Perinatal Quick Reference Guide:

A Guide to Alabama Perinatal HIV Testing Laws for Clinicians

April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Alabama 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 Alabama 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**
 - 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.

Alabama

State Policies Relating to HIV Testing, 2011

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Alabama Code [AC]

Title 15: Criminal Procedure	Pages 4-5
Title 22: Health, Mental Health, and Environmental Control	Pages 6-13
Title 27: Insurance	Page 14

Alabama Administrative Code [AAC]

Title 420: Alabama Department of Public Health	Pages 15-18
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	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	Any person imprisoned for more than 30 days	AC §22-11A-17
		Offenders upon release from prison	AC §22-11A-17
		Potential transmission to victims	AC §22-11A-17 AC §22-11A-38
		Persons charged with a sex offense upon request of victim	AC § 15-23-101
Mandatory testing outside of the criminal justice system	Any person who the state or county health officer believes has been exposed	AC §22-11A-23	
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	No related laws found	
	Informed consent	Informed consent required; general consent may be used	AC §22-11A-51
		Exceptions to required consent	AC §22-11A-52
	Counseling requirements	Post-test counseling required for HIV positive results	AC §22-11A-38 AC §22-11A-53
		Prevention counseling mandatory for HIV positive results	AC §22-11A-20
Anonymous testing	Confidential testing only	AC §22-11A-22	
POST-TESTING	Disclosure/confidentiality	Partner notification	AC §22-11A-38 AAC 420-4-1-.11
		Exceptions to confidentiality	AC §22-11A-38
		Disclosure of HIV status of sex offender to victim	AC §22-11A-17
		Disclosure to funeral directors	AC §22-11A-38
		HIV test results are confidential	AC §22-11A-54

		Written consent from patient needed for release of records	AC §22-11A-22
	Reporting	Name-based reporting	AC §22-11A-14
		For infected health care workers	AC §22-11A-61 AC §22-11A-67
OTHER	Testing of pregnant women and/or newborns	Health plans must cover prenatal testing	AC §27-48-2 AAC 420-4-1-.14
		Practitioners attending a pregnant woman shall test her at her initial prenatal visit for HIV, unless already confirmed HIV+	AAC 420-4-1-.14
		If a pregnant woman first presents for care at the time of delivery; practitioners shall test her for HIV, unless already confirmed HIV+	AAC 420-4-1-.14
		Refusal of testing of a pregnant woman not previously confirmed to be HIV+, despite pre test counseling, shall be documented in the medical record	AAC 420-4-1-.14
		A woman who declined testing earlier in her pregnancy shall again be offered HIV testing at the third trimester and/or at the time of delivery	AAC 420-4-1-.14
		For a pregnant woman tested negative at her initial prenatal visit, practitioners shall obtain another test for HIV during the third trimester and/or at the time of delivery if she has one or more listed risk factors	AAC 420-4-1-.14
	Testing of minors/adolescents	Minors 12 years or older may consent to diagnosis and treatment for STDs, HIV not explicitly included	AC §22-11A-19
		Physician may, but is not required to, inform parent or guardian	AC §22-11A-19
	Rapid HIV testing	Can be used when woman enters labor, must run confirmatory test	AAC 420-4-1-.14
	Training and education of health care providers	No related laws found	

Recommended Resources

Code of Alabama

<http://www.legislature.state.al.us/CodeofAlabama/1975/coatoc.htm>

Alabama Administrative Code

<http://www.alabamaadministrativecode.state.al.us/alabama.html>

Alabama Department of Public Health

<http://www.adph.org/>

Title 15: Criminal Procedure

AL Title 15 Code §	Code Language
§ 15-23-100	<p>Definitions.</p> <p>As used in this article, the following words shall have the following meanings:</p> <p>(1) ALLEGED VICTIM. A person or persons to whom transmission of body fluids from the perpetrator of the crime occurred or was likely to have occurred in the course of the alleged crime.</p> <p>(2) PARENT OR GUARDIAN OF THE ALLEGED VICTIM. A parent or legal guardian of an alleged victim who is a minor or incapacitated person.</p> <p>(3) POSITIVE REACTION. A positive test with a positive confirmatory test result as specified by the Department of Public Health.</p> <p>(4) SEXUALLY TRANSMITTED DISEASE. Those diseases designated by the State Board of Health as sexually transmitted diseases for the purposes of this article.</p> <p>(5) TRANSMISSION OF BODY FLUIDS. The transfer of blood, semen, vaginal secretions, or other body fluids identified by the Department of Public Health, from the alleged perpetrator of a crime to the mucous membranes or potentially broken skin of the victim.</p>
§ 15-23-101	<p>Testing defendant for sexually transmitted disease</p> <p>When a person has been charged with the crime of rape, sodomy, or sexual misconduct and it appears from the nature of the charge that the transmission of body fluids from one person to another may have been involved, upon the request of the alleged victim or the parent or guardian of an alleged victim, the district attorney shall file a motion with the court for an order requiring the person charged to submit to a test for any sexually transmitted disease.</p>
§ 15-23-102	<p>Order to submit to testing; designation of attending physician; additional testing; access to results; post-testing counseling.</p> <p>(a) If the district attorney files a motion under Section 15-23-101, the court shall order the person charged to submit to testing if the court determines there is probable cause to believe that the person charged committed the crime of rape, sodomy, or sexual misconduct and the transmission of body fluids was involved.</p> <p>(b) When a test is ordered under Section 15-23-101, the alleged victim of the crime or a parent or guardian of the alleged victim shall designate an attending physician who has agreed in advance to accept the victim as a</p>

AL Title 15 Code §	Code Language
	<p>patient to receive information on behalf of the alleged victim.</p> <p>(c) If any sexually transmitted disease test results in a negative reaction, the court shall order the person to submit to any follow-up tests at the intervals and in the manner as shall be determined by the State Board of Health.</p> <p>(d) The result of any test ordered under this section is not a public record and shall be available only to the following:</p> <ol style="list-style-type: none"> (1) The alleged victim. (2) The parent or guardian of the alleged victim. (3) The attending physician of the alleged victim. (4) The person tested. <p>(e) If any sexually transmitted disease test ordered under this section results in a positive reaction, the individual subject to the test shall receive post-test counseling. Counseling and referral for appropriate health care, testing, and support services as directed by the State Health Officer shall be provided to the alleged victim at the request of the alleged victim or the parent or guardian of the alleged victim.</p>
§ 15-23-103	<p>Confidentiality of results.</p> <p>(a) The results of tests or reports, or information therein, obtained under Section 15-23-102 shall be confidential and shall not be divulged to any person not authorized to receive the information.</p> <p>(b) A violation of this section is a Class C misdemeanor.</p>
§ 15-23-104	<p>Payment of costs.</p> <p>This article shall be implemented by the Department of Public Health to the extent state funds are available to pay all costs associated with the requirements of this article. The court may order the person charged to pay for or reimburse the state for the cost of all testing.</p>

Title 22: Health, Mental Health, and Environmental Control

AL Title 22 Code §	Code Language
§ 22-11A-14	<p>Sexually transmitted diseases; reports</p> <p>(a) Any physician who diagnoses or treats a case of sexually transmitted disease as designated by the State Board of Health, or any administrator of any hospital, dispensary, correctional facility or other institution in which a case of sexually transmitted disease occurs shall report it to the State or county Health Officer or his designee in a time and manner prescribed by the State Board of Health.</p> <p>(b) The report shall be upon a form prescribed by the State Board of Health and, at a minimum, shall state the patient's full name, date of birth, race, sex, marital status, address, telephone number, place of employment, stage of disease, medication and amount given, and the date of onset.</p> <p>(c) Any person who is charged with the responsibility of operating a laboratory which performs tests for sexually transmitted diseases as designated by the State Board of Health shall report all positive and/or reactive test results to the State Board of Health in a time and manner prescribed by the State Board of Health.</p> <p>(d) The laboratory report shall be on a form prescribed by the State Board of Health which, at a minimum, shall include the patient's full name, age or date of birth, race, test results, name and address of attending physician and date of report.</p> <p>(e) The reports required by this section shall be confidential and shall not be subject to public inspection or admission into evidence in any court except proceedings brought under this chapter to compel the examination, testing, commitment or quarantine of any person or upon the written consent of the patient.</p> <p>(f) Any person violating the provisions of this section or rules made pursuant thereto shall be guilty of a misdemeanor, and upon conviction, may be fined not less than \$ 100.00 nor more than \$ 500.00.</p> <p>(g) Upon receipt of a report of a case of sexually transmitted disease, the county or State Health Officer shall institute such measures as he or she deems necessary or appropriate for the protection of other persons from infection by such diseased person as said health officer is empowered to use to prevent the spread of contagious, infectious or communicable diseases.</p>
§22-11A-16	<p>Serologic or other biologic sample required to be taken of pregnant women and of newborns.</p> <p>(a) Every physician or other person permitted by law to attend a pregnant woman during gestation shall, in the case of each woman so attended,</p>

AL Title 22 Code §	Code Language
	<p>take or cause to be taken any serologic or other biologic sample of the woman as provided by the State Board of Health. Any sample shall be submitted to a laboratory approved by the board for testing for those sexually transmitted diseases for which there exists an effective vaccine or curative treatment approved by the federal Food and Drug Administration and as provided by the board.</p> <p>(b) Every physician or other person permitted by law to attend a pregnant woman during delivery shall take or cause to be taken any serologic or other biologic sample of the woman and any newborn as provided by the State Board of Health. Any sample shall be submitted to a laboratory approved by the board for testing for those sexually transmitted diseases for which there exists an effective vaccine or curative treatment approved by the federal Food and Drug Administration and as provided by the board.</p> <p>(c) All positive or reactive tests shall be reported as provided in Section 22-11A-14.</p>
§22-11A-17	<p>Convicts; testing for sexually transmitted diseases</p> <p>(a) All persons sentenced to confinement or imprisonment in any city or county jail or any state correctional facility for 30 or more consecutive days shall be tested for those sexually transmitted diseases designated by the State Board of Health, upon entering the facility, and any inmate so confined for more than 90 days shall be examined for those sexually transmitted diseases 30 days before release. The results of any positive or reactive tests shall be reported as provided in Section 22-11A-14. Additionally, the results of any positive or negative test for HIV of a sexual offender shall be provided to the State Health Officer or his or her designee as provided in Section 22-11A-14. The provisions of this section shall not be construed to require the testing of any person held in a city or county jail awaiting removal to a state correctional facility.</p> <p>(b) The authorities of any state, county or city facility shall provide for treatment of any inmate diagnosed with a treatable sexually transmitted disease and not otherwise financially able to pay for such treatment. In the case of a discharge inmate who is infectious, a written notice shall be submitted to the State Health Officer or to the county health officer of the locality to which the prisoner is returned, setting forth the necessary facts and a record of the treatment administered while in custody.</p> <p>(c) At the request of the victim of a sexual offense (as defined in Section 13A-6-60, et seq.), the State Health Department shall release the results of any tests on the defendant convicted of such sexual offense, for the presence of etiologic agent for Acquired Immune Deficiency Syndrome (AIDS or HIV) to the victim of such sexual offense. The State Health Department shall also provide the victim of such sexual offense counsel regarding AIDS disease, AIDS testing, in accordance with applicable law and referral for appropriate health care and support services.</p>

AL Title 22 Code §	Code Language
§22-11A-18	<p>Isolation of person believed to have sexually transmitted disease; such person required to report for treatment; costs; compulsory treatment and quarantine.</p> <p>(a) Any person where there is reasonable cause to believe has a sexually transmitted disease or has been exposed to a sexually transmitted disease shall be tested and examined by the county or State Health Officer or his designee or a licensed physician. Whenever any person so suspected refuses to be examined, such person may be isolated or committed as provided in this chapter until, in the judgment of the State or county Health Officer, that person is no longer dangerous to public health. The cost of rooming and boarding such person, other than when confined to his/her own residence, shall be the responsibility of the state.</p> <p>(b) The State Health Officer or county health officer shall require all persons infected with a sexually transmitted disease to report for treatment by the health officer or a licensed physician, and continue treatment until such disease, in the judgment of the attending physician is no longer communicable or a source of danger to public health. When such infected persons are unable to pay the attending physician's fees and are indigent, they shall submit to treatment at state expense. Whenever, in the judgment of the State or county Health Officer, such a course is necessary to protect public health, a person infected with a sexually transmitted disease may be committed or isolated for compulsory treatment and quarantine in accordance with the provisions of this article. The cost of rooming and boarding such person, other than when confined to his/her own residence, shall be the responsibility of the state.</p>
§22-11A-19	<p>Minor 12 years or older may consent to medical treatment for sexually transmitted disease; medical care provider may inform parent or guardian.</p> <p>Notwithstanding any other provision of law, a minor 12 years of age or older who may have come into contact with any sexually transmitted disease as designated by the State Board of Health may give consent to the furnishing of medical care related to the diagnosis or treatment of such disease, provided a duly licensed practitioner of medicine in Alabama authorizes such diagnosis and treatment. The consent of the minor shall be as valid and binding as if the minor had achieved his or her majority, as the case may be. Such consent shall not be voidable nor subject to later disaffirmance because of minority. The medical provider or facility of whatever description providing diagnostic procedures or treatment to a minor patient who has come into contact with any designated sexually transmitted disease, may, but shall not be obligated to, inform the parent, parents or guardian of any such minor as to the treatment given or needed.</p>
§22-11A-20	<p>Physicians to instruct persons on prevention and cure of sexually transmitted diseases.</p>

AL Title 22 Code §	Code Language
	Every physician who examines or treats a person having a sexually transmitted disease shall instruct such person in measures for preventing the spread of such disease and the necessity of treatment until cured.
§22-11A-22	<p>Medical records of persons infected with sexually transmitted diseases confidential; penalty for release.</p> <p>All information, reports and medical records concerning persons infected with sexually transmitted diseases designated by the State Board of Health shall be confidential and shall not be subject to public inspection or admission into evidence in any court except commitment proceedings brought under this article. Individual medical records may be released on the written consent of the patient. Anyone violating the provisions of this section shall be guilty of a Class C misdemeanor.</p>
§22-11A-23	<p>Any person believed exposed to diseases to be tested; any person believed afflicted shall seek and accept treatment.</p> <p>Any person who the State or county Health Officer has reason to believe has been exposed to any of the diseases designated under this chapter shall be tested. Any person who the State or county Health Officer has reason to believe is afflicted with any of the diseases designated under this article shall seek and accept treatment at the direction of the health officer or a physician licensed to practice medicine in Alabama.</p>
§22-11A-38	<p>Confidentiality; exceptions</p> <p>a) The State Committee of Public Health is hereby authorized to establish the rules by which exceptions may be made to the confidentiality provisions of this article and establish rules for notification of third parties of such disease when exposure is indicated or a threat to the health and welfare of others. All notifications authorized by this section shall be within the rules established pursuant to this subsection.</p> <p>b) Physicians and hospital administrators or their designee may notify pre-hospital transport agencies and emergency medical personnel of a patient's contagious condition. In case of a death in which there was a known contagious disease, the physician or hospital administrator or their designee may notify the funeral home director.</p> <p>c) The attending physician or the State Health Officer or his designee may notify the appropriate superintendent of education when a student or employee has a contagious disease that endangers the health and welfare of others.</p> <p>d) Physicians or the State Health Officer or his designee may notify a third party of the presence of a contagious disease in an individual where there is a foreseeable, real or probable risk of transmission of the disease.</p>

AL Title 22 Code §	Code Language
	<p>e) Any physician attending a patient with a contagious disease may inform other physicians involved in the care of the patient and a physician to whom a referral is made of the patient's condition.</p> <p>f) No physician, employee of the health department, hospitals, other health care facilities or organizations, funeral homes or any employee thereof shall incur any civil or criminal liability for revealing or failing to reveal confidential information within the approved rules. This subsection is intended to extend immunity from liability to acts which could constitute a breach of physician/patient privilege but for the protections of this subsection.</p> <p>g) All persons who receive a notification of the contagious condition of an individual under this section and the rules established hereunder, shall hold such information in the strictest of confidence and privilege and shall take only those actions necessary to protect the health of the infected person or other persons where there is a foreseeable, real or probable risk of transmission of the disease.</p> <p>h) Notwithstanding the provisions of this section or any other provisions of law, the State Health Officer or his or her designee shall under the circumstances set forth below disclose such information as is necessary to establish the following: That an individual is seropositive for HIV infection, confirmed by appropriate methodology as determined by the Board of Health; that the individual has been notified of the fact of his or her HIV infection; and that the individual has been counseled about appropriate methods to avoid infecting others with the disease. Such information shall be provided only under either of the following circumstances:</p> <p>(1) In response to a subpoena from a grand jury convened in any judicial circuit in the state, when such a subpoena is accompanied by a letter from the Attorney General or an Alabama District Attorney attesting that the information is necessary to the grand jury proceedings in connection with an individual who has been charged with or who is being investigated for murder, attempted murder, or felony assault as a result of having intentionally or recklessly exposed another to HIV infection where the exposed person is later demonstrated to be HIV infected. Prior to release of such evidence to the grand jury, such evidence shall be reviewed in camera by a court of competent jurisdiction to determine its probative value, and the court shall fashion a protective order to prevent disclosure of the evidence except as shall be necessary for the grand jury proceedings.</p> <p>(2) In response to a subpoena from the State of Alabama or the defendant in a criminal trial in which the defendant has been indicted by a grand jury for murder, attempted murder, or felony assault as a result of having intentionally or recklessly exposed another to HIV infection where the exposed person is later demonstrated to be HIV infected, and, if subpoenaed by the State of Alabama, such material has previously been presented to the appropriate grand jury for review pursuant to subdivision (1), above. Prior to the introduction of such evidence in a criminal trial, it shall be reviewed by the court in camera to determine its probative value,</p>

AL Title 22 Code §	Code Language
	<p>and the court shall fashion a protective order to prevent disclosure of the evidence except as shall be necessary to prosecute or defend the criminal matter.</p> <p>i) Nothing in this section shall be construed to mean a physician, hospital, health department, or health care facility or employee thereof will be under any obligation to test an individual to determine their HIV infection status.</p> <p>j) Except as provided in this section, any information required pursuant to this article shall remain confidential.</p> <p>k) Any person violating any provision of this section or approved guidelines shall be guilty of a Class "C" misdemeanor.</p>
§22-11A-50	<p>Definitions</p> <p>As used in this article, the following words and phrases shall have the following meanings respectively ascribed to them, unless the context clearly indicates otherwise:</p> <p>(1) HIV. Human Immunodeficiency Virus.</p> <p>(2) AIDS. Acquired Immune Deficiency Syndrome.</p> <p>(3) HIV infection. Infection with human immunodeficiency virus as determined by antibody tests, culture or other means approved by the State Board of Health.</p>
§22-11A-51	<p>Informed consent required for HIV testing.</p> <p>a) Before any HIV test is performed, the health care provider or testing facility shall obtain from the person a voluntary informed consent to administer the test.</p> <p>b) A general consent form should be signed for medical or surgical treatment which specifies the testing for HIV infection by any antibody tests or other means and may be considered as meeting the standard of informed consent in subsection (a).</p>
§22-11A-52	<p>Informed consent implied under certain circumstances.</p> <p>When a written consent for HIV testing has not been obtained, consent shall be implied when an individual presents himself to a physician for diagnostic treatment or other medical services and the physician shall determine that a test for HIV infection is necessary for any of the following reasons:</p> <p>(1) Said individual is, based upon reasonable medical judgment, at high risk for HIV infection;</p> <p>(2) Said individual's medical care may be modified by the presence or</p>

AL Title 22 Code §	Code Language
	absence of HIV infection; (3) The HIV status of the said individual shall be necessary in order to protect health care personnel from HIV infection.
§22-11A-53	<p>Notification of positive test results; counseling; referral to appropriate health care services; explanation of individual responsibility</p> <p>An individual tested shall be notified of a positive test result by the physician ordering the test, his designee, a physician designated by the applicant or by the Department of Public Health. Such notification shall include:</p> <p>(1) Face-to-face post-test counseling on the meaning of the test results, the possible need for additional testing, and the need to eliminate behavior which may spread the disease to others;</p> <p>(2) Information as to the availability of appropriate health care services, including mental health care, and appropriate social and support services; and</p> <p>(3) Explanation of the benefits of locating, testing and counseling any individual to whom the infected individual may have exposed the HIV virus and a full description of the services of public health with respect to locating and counseling all such individuals.</p>
§ 22-11A-54	<p>Confidentiality</p> <p>A health care or other testing facility shall maintain confidentiality regarding medical test results with respect to the HIV infection or a specific sickness or medical condition derived from such infection and shall disclose results only to those individuals designated by this article or otherwise as authorized by law.</p>
§ 22-11A-61	<p>Reporting of infected worker to State Health Officer.</p> <p>(a) Any health care worker infected with HIV or HBV who performs an invasive procedure shall notify the State Health Officer, or his or her designee, of the infection in a time and manner prescribed by the State Board of Health.</p> <p>(b) Any physician providing care to an infected health care worker shall notify the State Health Officer, or his or her designee, about the presence of the infection in the health care worker in a time and manner prescribed by the State Board of Health.</p>
§ 22-11A-67	<p>Records and information necessary to assist investigation.</p> <p>a) Any health care worker found to have HBV or HIV infection and any health care facility at which an infected health care worker is employed or practices shall make available to the State Board of Health, and to the expert review panel, any and all patient medical records and other records requested by those groups, except that records or documents</p>

AL Title 22 Code §	Code Language
	<p>greater than three years old shall not be provided.</p> <p>b) The following persons and facilities shall provide to the State Board of Health and the expert review panel all requested documents or records three years old or less:</p> <p>(1) Any person having knowledge of a health care worker diagnosed as infected with HIV or HBV infection.</p> <p>(2) The administrator of any health facility having knowledge of a health care worker diagnosed as infected with HIV or HBV infection.</p> <p>(3) Any person serving as the guardian of or the conservator of any health care worker diagnosed with HIV or HBV infection, or any person who is the administrator or executor of the estate of any health care worker diagnosed with HIV or HBV infection.</p> <p>(4) Any person serving as the custodian of patient records of any HBV or HIV infected health care worker.</p> <p>(5) Any facility employing a worker diagnosed with HIV or HBV infection.</p> <p>c) The hospital or other individual or organization providing records may collect the usual fee for copies of records or documents.</p>
§ 22-11A-73	<p>Reporting requirements; knowledge of infection through application.</p> <p>Nothing in this article is intended to impose any reporting requirements on life, health, or disability income insurers who learn that an applicant or insured is infected with HIV or HBV solely through the application, underwriting, or claims processes, which insurer may have no means of knowing or verifying that a particular applicant or insured is a health care worker within the meaning of this article.</p>

Title 27: Insurance

AL Title 27 Code §	Code Language
§ 27-48-2	<p>When coverage required</p> <p>a) Every health benefit plan that provides maternity coverage shall provide coverage for the following:</p> <p>(1) All medically necessary inpatient care for a mother and her newly born child as determined by the woman's prenatal care physician, obstetrician-gynecologist, certified nurse midwife, or the child's attending pediatrician and when consistent with the most recent version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, including the administration of medical tests recommended by the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists or both on the admission and discharge of a mother and the newborn child to determine whether additional medical care is needed for the mother or newborn child or both. Included in medically necessary inpatient care is the requirement that all hospitals providing a maternity hospital stay perform a complete blood count with differential, or its equivalent, on the mother upon admission and discharge of the mother from the hospital.</p> <p>(2) Benefits for any hospital length of stay of not less than 48 hours in connection with childbirth for the mother or newborn child, following a normal vaginal delivery.</p> <p>(3) Benefits for any hospital length of stay of not less than 96 hours in connection with childbirth for the mother or newborn child, following a cesarean section.</p> <p>b) Notwithstanding the provisions of subdivisions (2) and (3) of subsection (a), a mother may be discharged early if she, after being advised by her medical provider in writing of the advantages and disadvantages of early discharge, consents in writing, and the medical provider agrees to the early discharge.</p>

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420-4-1-.06	<p>HIV Testing Procedures</p> <p>(1) Individuals or their personal physician shall be notified of the results of positive human immunodeficiency virus antibody tests only after preliminary screening tests have been found to be repeatedly reactive and a confirmatory test such as the Western Blot or the immunofluorescence test has been found to be positive.</p> <p>(2) Except in emergency circumstances when, in the best medical judgment of the attending physician, there is reasonable cause to believe that there is a real, present and immediate danger of communication of the HIV virus to attending medical personnel, testing for infection with the human immunodeficiency virus either by antibody tests or other methods shall be performed only with the consent of the individual being tested if said test results can be linked to a specific individual or as ordered by the Health Officer as provided by Act 87-574. Nothing in this section shall preclude the use of anonymous blind serologic testing to establish seroprevalence of HIV infection in targeted groups, so long as test results cannot be linked to a specific individual nor preclude the routine testing of blood donors, organ donors, semen donors nor individuals sentenced to confinement or imprisonment in city, county or state correctional facilities nor preclude the testing of individuals where there is a reasonable cause to believe the person has HIV infection or has been exposed to HIV infection as provided in <u>Code of Ala. 1975, §22-11A-18</u>.</p> <p>(3) No person shall be tested for the human immunodeficiency virus by antibody determination or by other means unless said person or their personal physician shall be informed of the results of said test or said results shall be made available to said person. A person so notified shall be provided information on the meaning of said test results, the methods of transmission of the human immunodeficiency virus, on ways to avoid becoming infected or on ways to avoid infecting others. However, nothing in this paragraph shall apply to any business organization providing life, health or disability insurance.</p>
420-4-1-.10	<p>Victims Of Sexual Offense To Request And Receive HIV Test Results Of Convicted Offender</p> <p>(1) Definitions. When used herein, the following words and terms shall have the meanings respectively ascribed to them except where the context prohibits.</p> <p>(a) Deviate sexual intercourse - Any act of sexual gratification between persons not married to each other, involving the sex organs of one person and mouth or anus of another.</p> <p>(b) Sexual intercourse - Such term has its ordinary meaning (penetration of the female vagina by the male penis) and occurs upon any penetration, however slight; emission is not required.</p>

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	<p>(c) Sexual offender - Any person sentenced to confinement or imprisonment in any city or county jail or any state correctional facility for committing a sexual offense as defined in (d).</p> <p>(d) Sexual offense - An act of rape, sodomy or sexual misconduct (as defined in <u>Code of Ala. 1975</u>, §13A-6-60) in which sexual intercourse or deviate sexual intercourse occurs.</p> <p>(2) The victim of a sexual offense may request the results of any tests on the defendant convicted (on or after May 20, 1993) of such sexual offense, for the presence of Human Immunodeficiency Virus (HIV), the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS). Such request shall be made in writing to the Director, Division of HIV/AIDS Prevention & Control, Alabama Department of Public Health (ADPH) and must include the victim's name and address, the Circuit court case number, and the date and location of conviction.</p> <p>(3) Upon receipt of the victim's written request, the Director will obtain the case action summary from the appropriate county Criminal Court Division to verify the nature of the sexual offense, date of conviction, victim name and address, defendant name, social security number, date of birth, and place of incarceration or confinement.</p> <p>(4) Upon request of the State Health Officer, the Alabama Department of Corrections or the appropriate officials of any city or county jail shall provide in writing the results of any positive or negative test for HIV of a convicted sexual offender to the State Health Officer or his designee.</p> <p>(5) Upon receipt of the required information, the State Health Department shall release the results of the HIV test to the victim. At the same time, the State Health Department shall provide the victim of such sexual offense counsel regarding HIV/AIDS disease, testing and referral for appropriate health care and support services in accordance with applicable law.</p>
420-4-1-.11	<p>Spousal Notification Of A Known HIV-Infected Patient</p> <p>(1) Definitions. For purposes of this section, the following words and terms shall have the meanings respectively ascribed to them except where the context prohibits.</p> <p>(a) Spouse. The term "spouse" means any individual who is the marriage partner of an HIV-infected patient, or who has been the marriage partner of that patient at any time within the 10-year period prior to the diagnosis of HIV-infection.</p> <p>(b) HIV-infected patient. The term "HIV-infected patient" means any individual who has been diagnosed with the human immunodeficiency virus.</p> <p>(2) An individual tested shall be notified of a positive test result by the physician ordering the test, his designee, a physician designated by the applicant or by the Department of Public Health. Such notification shall include:</p> <p>(a) Face-to-face post-test counseling on the meaning of the test result,</p>

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	<p>the possible need for additional testing, and the need to eliminate behavior which may spread the disease to others.</p> <p>(b) Information as to the availability of appropriate health care services, including mental health care, and appropriate social and support services.</p> <p>(c) Explanation of the benefits of locating, testing, and counseling any individual to whom the infected individual may have exposed the HIV virus and a full description of the services of public health with respect to locating and counseling all such individuals.</p> <p>(d) Persons performing post-test counseling must make a good-faith effort to notify the spouse of any HIV-infected patient that he or she may have been exposed to the human immunodeficiency virus and should seek testing. Notification can be made by the HIV-infected individual, the provider who ordered the test, or by referral of the HIV-infected individual to the Health Department for partner notification services.</p>
420-4-1-.14	<p>Testing Of Pregnant Women For Sexually Transmitted Diseases</p> <p>(1) Practitioners attending a pregnant woman shall test her at her initial prenatal visit for syphilis, using a nontreponemal serologic test, and for human immunodeficiency virus (HIV) infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection. Practitioners shall also test a pregnant woman at her initial prenatal visit for chlamydia and gonorrhea if she is 24 years of age or younger; or if 25 years of age or older, she is unmarried or has one or more risk factors. Risk factors include, but are not limited to, a history of:</p> <ul style="list-style-type: none"> (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. <p>(2) If a pregnant woman first presents for care at the time of delivery; practitioners shall test her for syphilis, using a nontreponemal serologic test; and for human immunodeficiency virus (HIV) infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection. Practitioners shall also test her for chlamydia and gonorrhea, if clinically feasible.</p> <p>(3) Refusal of a pregnant woman not previously confirmed to be infected with human immunodeficiency virus (HIV) to permit testing for HIV infection, despite pre-test counseling, shall be documented in the medical record. A woman who declined testing earlier in her pregnancy shall again be offered testing for HIV infection at the third trimester and/or at the time of delivery.</p> <p>(4) Practitioners shall test a pregnant woman at the time of delivery for syphilis, using a nontreponemal serologic test. Practitioners shall also obtain a nontreponemal serologic test for syphilis from a pregnant</p>

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	<p>woman at the beginning of the third trimester (28 weeks' gestation), if she has one or more risk factors listed above.</p> <p>(5) For a pregnant woman tested negative at her initial prenatal visit, practitioners shall obtain another test for human immunodeficiency virus infection during the third trimester and/or at the time of delivery; if she has one or more risk factors listed above.</p> <p>(6) Practitioners shall obtain another test for chlamydia and gonorrhea from a pregnant woman during the third trimester, if she has one or more risk factors listed above.</p> <p>(7) Practitioners shall use only those tests for sexually transmitted diseases/infections licensed by the US Food and Drug Administration. Test results for human immunodeficiency virus infection shall be confirmed before the patient is notified of her results, except in the following circumstance. To aid the decision to initiate antiretroviral prophylaxis to protect the baby, a rapid test for human immunodeficiency virus infection shall be performed on a woman who presents in labor without previous prenatal care and who has not been previously confirmed as infected with human immunodeficiency virus; confirmatory testing shall subsequently be performed.</p> <p>(8) Appendix I, the summary table of Routine Prenatal Screening for Sexually Transmitted Diseases (STD)/No Prenatal Care-Patient Presents at Delivery, is attached hereto as a part of the rule.</p>