

2016 STD and HIV Legislative Highlights and Analysis

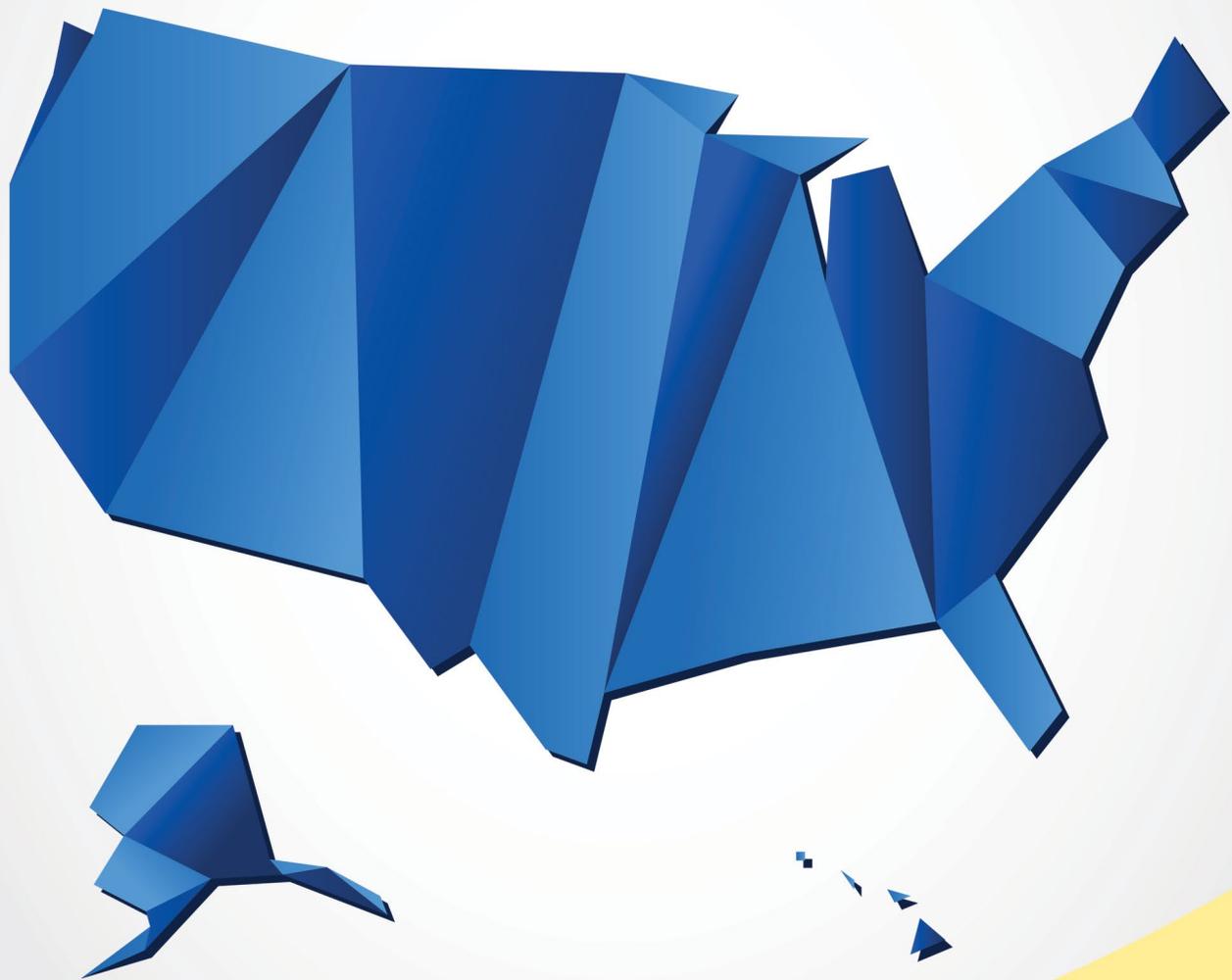
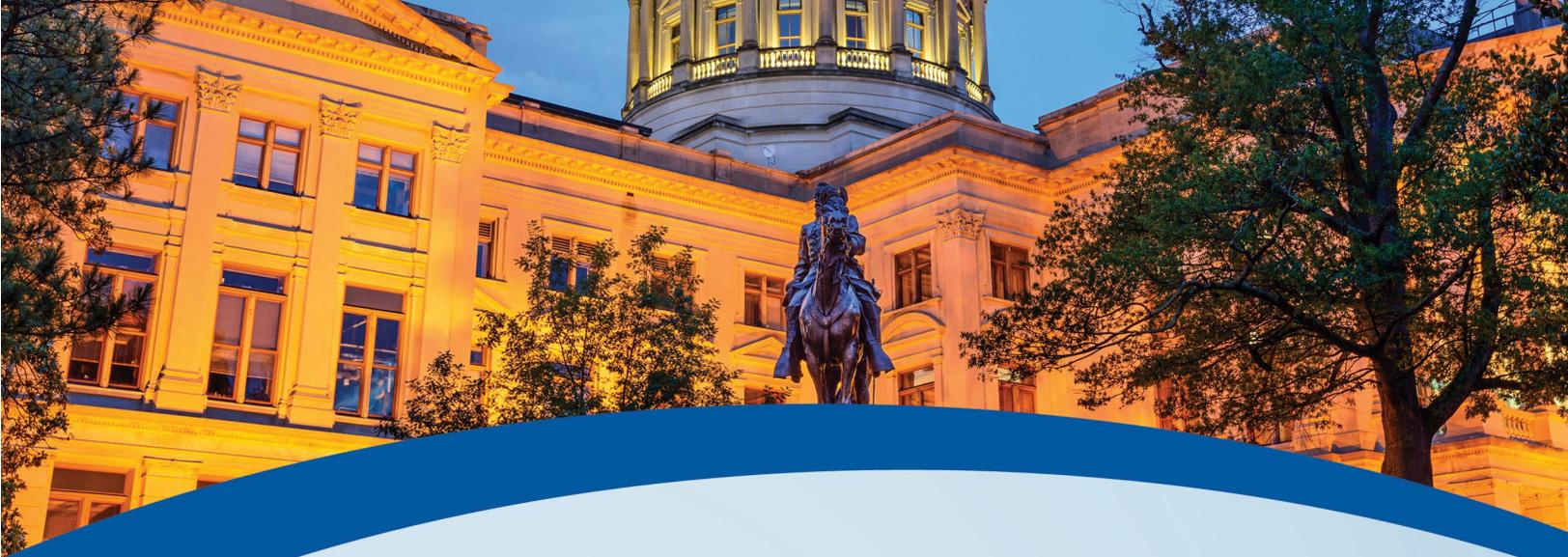




TABLE OF CONTENTS

NCS D Who We Are	1
2016 Legislative Overview	3
2016 State STD and HIV Policy Highlights and Analysis	3
2016 Legislation by State	7

Nothing contained in this material is intended to influence, support, or defeat any piece of pending or proposed legislation, appropriation, or regulation at any governmental level. This piece is intended for educational purposes only.



WHO WE ARE:

NCSD was founded in 1996 as the national voice of STD directors in the 65 CDC directly funded STD jurisdictions—which include all 50 states, seven directly funded cities, and the U.S. territories—and to provide training and technical assistance programs and advocacy.

MISSION:

To advance effective STD prevention programs and services in every community across the country.

NCSD does this as the voice of our membership. We provide leadership, build capacity, convene partners, and advocate.

VISION:

A nation without sexually transmitted diseases.



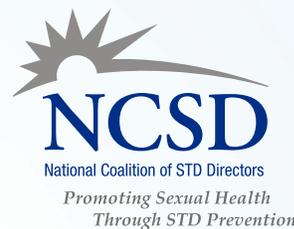
WHAT YOU WILL FIND IN THIS DOCUMENT:

As part of an effort to educate policymakers and the public about sexually transmitted disease (STD) and HIV policy, our state policy team tracks and analyzes STD, HIV, and sexual health-related bills as they move through state legislatures across the country and composes an annual report. This report contains:

- 1) Highlight of several items from the 2016 state legislative sessions. These are bills that were particularly interesting, controversial, or examples of trending policy;
- 2) A complete list of STD and HIV legislation from 2016 and a brief description of the bills.

HOW TO GET IN TOUCH WITH US:

Please contact our State Policy Team with any questions at 202-842-4660 or via email at statepolicy@ncsddc.org. You can also visit our website and see the analysis from past legislative sessions, and other helpful materials. Like us on Facebook at <https://www.facebook.com/NCSDDC> and follow us on Twitter (@NCSDdc).





2016 LEGISLATIVE OVERVIEW:

In 2016, there were approximately 75 STD, HIV, and sexual health-related bills introduced in state legislatures across the country. This is a significantly lower number of bills than in the past years. It seems that these issues were not at the forefront of legislators' minds this year. Of those bills introduced, 18 state STD and HIV-related bills or resolutions were passed or adopted in 2016, or approximately 24 percent. A full list of all STD-related legislation introduced in 2016 can be found at the end of this document. Among these bills and resolutions, three legislative highlights were identified. The 2016 legislative highlights include HPV vaccination regulation, cytomegalovirus, and pre-exposure prophylaxis (PrEP) availability.

2016 STATE STD OR HIV-RELATED POLICY HIGHLIGHTS AND ANALYSIS:

HPV VACCINATION REGULATION

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. It is so common that nearly all sexually active men and women will acquire it at some point in their lives.¹ About 79 million Americans are currently infected with HPV and approximately 14 million people become newly infected each year.² Roughly half of those new infections occur among persons aged 15-24 years.³

While most infections are asymptomatic and short-lived, HPV can lead to the development of anogenital cancers (including cervical, vaginal, vulvar, and anal), oropharyngeal cancer (including throat), and genital warts. Virtually all cervical cancer cases, approximately 90 percent of anal cancers, 40 percent of penile, vaginal, and vulvar cancers, 25 percent of oral cavity cancers, and 35 percent of oropharyngeal cancers are the result of HPV infection.⁴ Every year, it is estimated that over 12,000 women in the United States are diagnosed with cervical cancer, and about 4,000 women will die each year from the disease.⁵ Approximately 35 percent of all HPV-related cases of anal cancer and 80 percent of all cases of oropharyngeal cancer occur in men,⁶ showing that HPV impacts both men and women.

The Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, Advisory Committee on Immunization Practices, American College of Obstetrics and Gynecology, and American Academy of Family Physicians recommend routine HPV vaccination of females and males at age 11 and 12 years old. For the vaccine to be effective, it is recommended that preteens receive all three doses of the HPV series before they begin any type of sexual activity and are exposed to HPV.⁷ Completion of the three dose series in the preteen years offers the best protection to girls and boys against HPV and provides adequate time to develop an immune response before sexual initiation. The CDC's Advisory Committee on Immunization Practices also recommends "catch-up" vaccination for females through age 26 and males through 21 if not previously vaccinated.⁸ The vaccine is also recommended for gay and bisexual men (or any man who has sex with men) or men and women

with compromised immune systems (including those living with HIV/AIDS) through age 26 if not vaccinated previously.⁹

In the United States, just one-third of girls aged 13-17 have been fully vaccinated against HPV despite the fact that the vaccine is included in adolescent vaccination recommendations and that the CDC safety monitoring data indicate that the vaccine is safe.¹⁰ According to the CDC, for each year that vaccination coverage levels fail to improve, an additional 4,400 women will develop cervical cancer.¹¹ HPV legislation is especially important given a recent study that showed that even with our current low vaccination rates, HPV's prevalence has reduced.¹² In December 2014, the Food and Drug Administration (FDA) approved Gardasil 9, an HPV vaccine developed by Merck that protects against nine types of HPV, improving upon the prior vaccine and preventing approximately 90 percent of cervical, vulvar, vaginal, and anal cancers as well as providing protection from two types of HPV that cause approximately 90 percent of genital wart cases.¹³

There are 21 states and the District of Columbia with laws that either require HPV vaccination for school entry, provide funding towards the cost of the vaccines, or support public education about HPV and the vaccine.¹⁴ A number of state legislatures attempted to address HPV in 2016. In South Carolina, HB 3204/SB 278 passed and was signed by the governor. This bill enacts the Cervical Cancer Prevention Act. It provides that "beginning with the 2016-2017 school year, the Department of Health and Environmental Control may offer the cervical cancer vaccination series to adolescent students enrolling in the seventh grade of any public or private school or homeschooling program in the State."¹⁵ The bill does not require that students have the vaccine before enrolling or attending school. It does allow the Department to develop an "informational brochure" related to offering this vaccine.

The New Jersey legislature attempted to pass a bill (AB 2647) which would require the HPV vaccination for students in grades six through 12.¹⁶ The bill did not make it out of the Assembly Committee on Health and Senior Services. New York's legislature also had two bills addressing HPV vaccination which did not make it out of committee. SB 509 provided for the vaccination of all children born after January 1, 1996.¹⁷ SB 117 encouraged "through the provision of written educational materials and consultation, the voluntary

vaccination against human papillomavirus for school-aged children...."¹⁸

CYTOMEGALOVIRUS

Cytomegalovirus, or CMV, is one of the herpes viruses. CMV spreads from person-to-person through bodily fluids and there is no treatment or cure for CMV. CMV is highly common; in the United States, nearly one in three children are already infected by age 5 and over half of all adults have been infected with CMV by age 40.¹⁹ Once infected, the virus remains in the body for life and usually remains dormant as long as the individual is healthy. Most people do not know that they have CMV because it rarely causes symptoms; in others, it may cause mild illness and cause fever, sore throat, fatigue, and swollen glands. While it is usually harmless, CMV may be cause for concern if an individual is pregnant or has a weakened immune system.

CMV can cause serious disease in babies infected before birth (congenital cytomegalovirus) and congenital CMV is the most common viral infection that infants are born with in the United States. Most babies with congenital CMV never show signs or have health problems. But some babies may have problems that are apparent at birth or develop later. Some signs that babies may have congenital CMV include premature birth, liver, lung, or spleen problems, small size at birth, small head size, and seizures.²⁰ Some of those babies with signs of congenital CMV at birth may have long-term health problems including hearing and vision loss, intellectual disability, small head size, weakness or problems using muscles, lack of coordination, and seizures.²¹ About one-third of women who become infected with CMV during pregnancy will pass the infection to their infant.²² Approximately 1 in 750 children in the United States is born with, or develops, permanent problems due to congenital CMV.²³ More than 5,000 children each year suffer permanent problems caused by CMV infection with as many as 400 deaths from the virus.²⁴ For pregnant women, the two most common exposures to CMV are through sexual contact or contact with the saliva or urine of young children with CMV.²⁵

While CMV is very common, it is not well-known but that is slowly changing. In 2016, Tennessee's legislature passed SB 2057 which states that if a health care provider, responsible for the prenatal care of either pregnant women during gestation or women

who may become pregnant, determines that a patient is at risk of contracting CMV, the provider ...shall inform that patient regarding: (1) the incidence of CMV; (2) the transmission of CMV to at-risk women who are pregnant or who may become pregnant; (3) birth defects caused by CMV; methods of diagnosing congenital CMV; and (5) available preventative measures.²⁶

PRE-EXPOSURE PROPHYLAXIS (PREP) AVAILABILITY

Pre-exposure prophylaxis, or PrEP, is a way for individuals who do not have HIV but are at substantial risk of getting the infection to prevent HIV infection by taking a pill every day.²⁷ The pill contains two medicines that are used to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from infecting the individual. When taken consistently, PrEP has been shown to reduce the risk of HIV infection by up to 92 percent.²⁸

California was the first state to pass PrEP availability legislation. In 2016, the California legislature passed AB 2640 requiring a medical provider or person administering a test for HIV to provide patients who test negative but are determined to be at high risk for HIV with information about the need for periodic retesting and information about methods that prevent or reduce the risk of contracting HIV, including pre-exposure prophylaxis and post-exposure prophylaxis.²⁹

CONCLUSION

Policy development is a core function of public health. We hope this analysis and catalog of state STD and HIV legislation will help you understand what state policies have been considered to prevent STDs and HIV and improve population sexual health. Please do not hesitate to contact us with questions about policies in your state. NCSH has an excellent state policy team that is equipped to identify effective policies and educate lawmakers about the importance of advancing STD prevention and sexual health.

CITATIONS

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24. *Id.*
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28. *Id.*
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2016 LEGISLATION BY STATE

STATE	BILL	DESCRIPTION	ACTION	TOPIC
CA	AB 2640	<ul style="list-style-type: none"> Requires a medical care provider or person administering a test for HIV to provide patients who test negative for HIV and are determined to be at high risk with information about the need for periodic retesting, explain the limitations of current testing and the current window period for verification of results, and information about methods that prevent or reduce the risk of contracting HIV, including preexposure prophylaxis and postexposure prophylaxis, as specified. 	Approved by Governor [Chapter No. 670] (9/26/16)	PrEP
	AB 2439	<ul style="list-style-type: none"> Creates a pilot project to assess and make recommendations regarding the effectiveness of the routine offering of an HIV test in a hospital emergency room. Requires the selection of hospitals that have emergency departments to voluntarily participate. Requires each hospital to offer an HIV test to any patient in the department to collect specified information, and report the information to the Department of Public Health. 	Chaptered by Secretary of State [Chapter No. 668]	HIV Testing
	Ballot Measure 7 (Proposition 60)	<ul style="list-style-type: none"> Requires performers in adult films to use condoms during filming of sexual intercourse. Requires producers of adult films to pay for performer vaccinations, testing, and medical examinations related to sexually transmitted infections. Requires producers to obtain a state health license at beginning of filming and to post requirements at film sites. 	Ballot measure (Election date: November 8, 2016): Rejected by Voters	Adult Film
	SB 1090	<ul style="list-style-type: none"> Requires Department of Public Health, upon appropriation of funding, to allocate funds to local health jurisdictions for sexually transmitted disease outreach and screening services. 	Enrolled August 30, 2016, Vetoed by Governor (9/26/16)	STD Funding
	SB 960	<ul style="list-style-type: none"> Enables reimbursement of reproductive health services provided through telehealth and email consultation, and for online provision of healthcare, such as through mobile apps or web browsers. 	From Committee on Appropriations without further action (11/30/16)	Telehealth

STATE	BILL	DESCRIPTION	ACTION	TOPIC
CO	SB 16-146	<ul style="list-style-type: none"> Relates to sexually transmitted infections; relates to consent of minors; allows for testing when a victim of a crime has been exposed to blood or other bodily fluids that pose a risk of transmission of a STD; includes counseling by a health care provider regarding prophylaxis, treatment of infections, medical evaluations and prevention of transmission of the infection to others; provides for reporting and confidentiality; provides for a prison sexual assault prevention program. 	Signed by Governor (6/6/16) [Chapter No. 230]	PrEP
CT	SB 218	<ul style="list-style-type: none"> Concerns the Department of Public Health's recommendations for revisions to the statutes regarding human immunodeficiency virus; established within available appropriations, needle and syringe exchange programs to enhance health outcomes of people who inject drugs in any community impacted by the human immunodeficiency virus or hepatitis C. 	Enrolled PUBLIC ACT No. 16-87 (6/1/16)	HIV Related Syringe Exchange
	HB 5129	<ul style="list-style-type: none"> Concerns the administration of vaccines by pharmacists and medical assistants and the listing of certified medical assistants; allow pharmacists to administer the influenza vaccine to children and medical assistants to administer vaccines; requires the Commissioner of Public Health to make available for public inspection a listing of all state residents maintained on the registries of the American Medical Technologists and the National Center for Competency Testing. 	Public Hearing Scheduled (2/16/16)	Vaccine Regulations
DE	HB 321	<ul style="list-style-type: none"> Clarifies the authority of the Division of Public Health to release sexually transmitted disease reports to medical personnel for the purpose of providing health care to the subject of those reports, and that such reports may be distributed for this purpose through an electronic health information exchange, such as the Delaware Health Information Network (DHIN). 	To House Committee on Health and Human Development (4/14/16) (Dead)	STD Reporting
GA	HB 813	<ul style="list-style-type: none"> Relates to pharmacists and pharmacies and control of venereal disease, respectively; provides for expedited partner therapy for patients with chlamydia, gonorrhea, or trichomoniasis; provides for definitions; revises provisions relating to dispensing prescription drugs; provides for immunity; provides for rules and regulations; provides for related matters; repeals conflicting laws. 	House passed/adopted by Substitute (2/17/16); Senate Read and Referred (2/18/16)	EPT
	HB 1058	<ul style="list-style-type: none"> Relates to transactions in drug related objects, control of venereal disease, clinical laboratories, and the disclosure of AIDS confidential information; provides that employees and agents of harm reduction organizations are not subject to certain offenses relating to hypodermic needles; provides for consent to medical treatment by a minor at risk of HIV; provide that disclosure to a parent or legal guardian of a minor's AIDS confidential information is permissive rather than mandatory//relates to the control of venereal disease, clinical laboratories, and the disclosure of AIDS confidential information to revise various statutes relating to prevention and testing for HIV and AIDS; revises a provision relating to the refusal of a pregnant woman to submit to an HIV tests; provides that disclosure to a parent or legal guardian of a minor's AIDS confidential information is permissive rather than mandatory. 	To Governor (3/29/16) [Act No. 568]	Consent; HIV/AIDS Testing; Syphilis; HIV Testing in Pregnancy
HI	HB 1333/SB 1185	<ul style="list-style-type: none"> Requires the Department of Education to obtain parental consent prior to a minor student's participation in sex education or classes on sexually transmitted diseases. 	Failed First Crossover Deadline -- Second Year of Biennium (3/10/16)	Sex Ed

STATE	BILL	DESCRIPTION	ACTION	TOPIC
IL	SB 1754	<ul style="list-style-type: none"> Prohibits Medicaid Managed Care Entities from divulging, directly or indirectly, including by sending a bill or explanation of benefits, information concerning certain services received, including mental health, substance abuse, reproductive health, family planning, sexually transmitted infection and disease, or sexual assault or domestic abuse services, to persons other than providers and care coordinators; provides that certain communications to enrollees remain permissible. 	Re-referred to Assignments Committee (7/31/16)	EOB
	HB 4554	<ul style="list-style-type: none"> Amends the Insurance Code; provides that individual or group policies of accident and health insurance amended, delivered, issued, or renewed in this State after the effective date of the amendatory Act shall provide coverage for all drugs that are approved for marketing by the federal Food and Drug Administration and that are recommended by the federal Public Health Service or the United States Centers for Disease Control and Prevention for pre-exposure prophylaxis and related pre-exposure prophylaxis. 	In HOUSE. Placed on Short Debate Calendar Third Reading. (4/21/16)	PrEP
	HB 5524	<ul style="list-style-type: none"> Amends the Medical Assistance Article of the Public Aid Code; provides that, beginning July 1, 2018, Accountable Care Entities, Managed Care Community Networks, and Managed Care Organizations shall report annually on HIV viral load suppression as a quality measure related to HIV/AIDS disease management; requires implementation of reporting on the HIV quality measure to be done in consultation with the Department of Healthcare and Family Services, the Department of Public Health. 	To House Committee on Rules (2/10/16)	Insurance: HIV
IN	HB 1084	<ul style="list-style-type: none"> Requires providers to report certain information to the local or state health department concerning a patient who is diagnosed with hepatitis C. 	To House Committee on Public Health (1/5/16)	Hep C Reporting
	HB 1177	<ul style="list-style-type: none"> Requires the state department of health to develop a strategic plan to identify and significantly reduce morbidity and mortality from cancers associated with human papillomavirus; requires the department to collaborate with the family and social services administration and certain cancer facilities; allows the department to establish workgroups; establishes requirements for the department in developing the strategic plan; requires that a report on the strategic plan and recommendations. 	To House Committee on Public Health (1/7/16)	HPV, Cervical Cancer
	HB 1233	<ul style="list-style-type: none"> Defines the term trauma informed sexual assault services; requires the governor to appoint a member recommended by a sexual assault coalition recognized by the federal Centers for Disease Control and Prevention to the sexual assault victim advocate standards and certification board; renames the sexual assault victims assistance account as the sexual assault victims fund; requires the victim services division of the criminal justice institute to administer the fund. 	Public Law (3/21/16)	Trauma Informed Care
	HB 1256	<ul style="list-style-type: none"> Allows the state health commissioner to extend a syringe exchange program in a county or municipality where the commissioner has declared a public health emergency if certain conditions are met. 	To House Committee on Public Health (1/11/16)	Syringe Exchange Program
IA	SB 2057	<ul style="list-style-type: none"> Establishes a cytomegalovirus public health initiative. 	To Senate Committee on Human Resources (1/27/16)	To Senate Committee on Human Resources (1/27/16)

STATE	BILL	DESCRIPTION	ACTION	TOPIC
ME	L.R. 727	<ul style="list-style-type: none"> Establishes a commission to examine reproductive health issues regarding secondary school students and to recommend ways to prevent sexually transmitted diseases. 	Assigned House Paper number 787 and LD 1149 (4/26/16)	Sex Ed
	HB 787	<ul style="list-style-type: none"> Directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention to report by October 1, 2015 to the Joint Standing Committee on Health and Human Services on state-led efforts to achieve goals identified in its document "Healthy Maine 2020" pertaining to reproductive health. The report must include an explanation of failed or failing efforts to meet a goal and evidence-based strategies or recommendations on how state programs can meet the goal. 	In Senate; Placed in Legislative File (2/18/16) [DEAD]	Sexual Health Plan
MD	HB 180	<ul style="list-style-type: none"> Requires specified health care providers to obtain consent for HIV testing in accordance with specified provisions of law and to test pregnant patients, except under specified circumstances, during the first and third trimesters of pregnancy; repeals specified provisions of law made obsolete by the Act. 	Approved by Governor [Chapter No. 441] (5/10/16)	HIV testing Opt-In
	SB 856	<ul style="list-style-type: none"> Requires providers of prenatal medical care to obtain consent for HIV testing and test during the first and third trimesters; provides for applicability to routine prenatal care visits, not to incidental or episodic care; requires providers of labor and delivery services to offer rapid HIV tests and antiretroviral prophylaxis to certain pregnant women; provides for referrals and counseling; provides for confidentiality, non-discoverability, and non-admissibility; excludes providers from certain liability. 	Chapter No. 440 (5/10/16)	
	HB 216	<ul style="list-style-type: none"> Alters a specified provision of law to provide that treatment to which a minor may consent includes medical care related to prevention of or advice about sexually transmitted infection and disease. 	To House Committee on Health and Gov't Operations (1/22/16),	Minor Consent
MA	HB 3748	<ul style="list-style-type: none"> Relates to healthy youth; provides that each school district or public school that offers sexual health education shall provide medically accurate, age- appropriate education that will teach the benefits of abstinence, delaying sexual activity in conjunction with contraceptives and barrier methods to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS; relates to healthy relationships free of violence, coercion, and intimidation. 	From Joint Committee on Health Care and Financing (9/10/16)	Sex Ed
MI	SB 374 & SB 378-381	<ul style="list-style-type: none"> Revises references to venereal disease to sexually transmitted infection. 	Public Act (4/6/16)	"Venereal Disease" Change
	SCR 26	<ul style="list-style-type: none"> Revises references to venereal disease to sexually transmitted infection. 	To Senate Committee on Government Operations (3/1/16)	"Venereal Disease" Change
MS	HB 1168	<ul style="list-style-type: none"> Provides that each person who is twenty-one years of age or older shall have the right to determine, in their sole discretion, whether he or she will receive vaccinations or immunizations for any disease; prohibits any person or entity, from requiring any such person to receive a vaccination or immunization for any disease as a condition of employment or condition of receiving any benefit or service. 	Died in Committee (2/23/16)	Immunizations

STATE	BILL	DESCRIPTION	ACTION	TOPIC
MO	SB 579	<ul style="list-style-type: none"> Relates to infection reporting. "No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on a telephone evaluation." 	Signed by Governor (6/8/16)	Reporting & Telemed
	SB 672	<ul style="list-style-type: none"> Relates to instruction in human sexuality and sexually transmitted infections; requires any such course to be based on peer reviewed projects that have been demonstrated to influence healthy behavior and be age appropriate; repeals a provision requiring course materials and instruction present abstinence as the preferred choice in relation to all sexual activity or unmarried pupils; provides such materials and instruction must present such abstinence as the only sure way to avoid pregnancy or infections. 	Hearing Conducted (3/2/16)	Sex Ed
	HB 2491	<ul style="list-style-type: none"> Changes the laws regarding school course materials and instruction relating to human sexuality and sexually transmitted infections. 	To house committee on elementary and secondary education (5/13/16)	Sex Ed
NE	LB 937	<ul style="list-style-type: none"> Eliminates a prohibition on marriage of persons with venereal disease. 	Notice of hearing for 01/27/2016 (1/20/16)	Marriage License
NH	HB 460	<ul style="list-style-type: none"> Relates to a school board's duty to ensure the teaching of health and physical education as it relates to abused children; states the school board shall ensure health education and physical education are taught to pupils as part of the basic curriculum; includes human immunodeficiency virus, acquired immunodeficiency syndrome, and sexually transmitted diseases on the human system as part of the curriculum. 	Signed by Governor (5/5/16)	Sex Ed
	HB 1231	<ul style="list-style-type: none"> Relates to school district policy regarding objectionable course material; requires school districts to provide advance notice to parents and legal guardians of course material involving discussion of human sexuality or human sexual education. 	Engrossed - Dead. No Pending Motion (04/21/16)	Sex Ed
	HB 1618	<ul style="list-style-type: none"> Establishes a commission on hypodermic syringes and needles; directs the commission to study the national standards for best practices for syringe services programs, discuss the feasibility of implementing syringe services programs in the State, identify recommended solutions, both legislative and non-legislative, and review any other matter the commission deems relevant to its objective. 	Chapter No. 2016-212 (6/6/16)	Syringe Exchange Program
NJ	AB 251	<ul style="list-style-type: none"> Provides for disclosure of person's medical records related to AIDS or HIV infection for investigations or prosecutions of crime of diseased person committing act of sexual penetration; makes crime ineligible for expungement. 	Filed (1/12/16)	HIV Criminalization
	SB 413	<ul style="list-style-type: none"> Requires insurers and State health care coverage programs to cover cost of HIV vaccine. 	To Legislative Committee on Commerce (1/12/16)	HIV Vaccine
	AB 415	<ul style="list-style-type: none"> Establishes permanent sterile syringe access program; appropriates a specified sum; relates to injection drug use in one of the most common methods of transmission of HIV, hepatitis C, and other bloodborne pathogens. 	Passed Assembly to Senate (6/27/16)	Syringe Exchange
	SB 461	<ul style="list-style-type: none"> Concerns screening for disorders in newborn infants; requires the establishment of a Newborn Screening Advisory Review Committee to annually review the disorders included in the Newborn Screening Program; requires a reasonable fee to be charged for such screening; provides that screening for other disorders may be performed under certain conditions; requires a follow-up program for positive screen cases; requires the collection of screening information for appropriate follow-up referrals. 	Referred to Senate Law and Public Safety Committee (1/12/16)	Newborn Screening

STATE	BILL	DESCRIPTION	ACTION	TOPIC
NJ	SB 856	<ul style="list-style-type: none"> Relates to the Boys & Girls Clubs Keystone Law; permits minors to give consent for behavioral health care. 	To Senate Committee on Health (1/12/16)	Minor Consent
	AB 1217	<ul style="list-style-type: none"> Requires Human Immunodeficiency Virus testing for pregnant women and marriage license applicants. 	To Assembly Committee on Women and Children (1/14/16)	HIV testing: Prenatal
	SB 1266 (& AB 415)	<ul style="list-style-type: none"> Establishes permanent sterile syringe access program; appropriates funding thereto. 	To Governor (6/30/16)	Syringe Exchange Program
	SB 1801	<ul style="list-style-type: none"> Requires HIV testing for pregnant women and marriage license applicants. 	To Senate Committee on Health, Human Services and Senior Citizens (3/7/16)	HIV testing: Marriage License
	SB 1874	<ul style="list-style-type: none"> Provides for disclosure of person's medical records related to AIDS or HIV infection for investigations or prosecutions of crime of diseased person committing act of sexual penetration; makes crime ineligible for expungement. 	Introduced in the Senate, Referred to Senate Judiciary Committee (3/10/17)	HIV Disclosure
	AB 2647	<ul style="list-style-type: none"> Requires human papillomavirus vaccinations for students in grades six through 12. 	To Assembly Committee on Health and Senior Services (2/8/16)	HPV Vaccine
	SB 2134	<ul style="list-style-type: none"> Authorizes expedited partner therapy, under which sexual partners or patients diagnosed with sexually transmitted disease are treated without prior clinical examination. 	To Senate Committee on Budget and Appropriations (5/16/16)	EPT
	AB 3705	<ul style="list-style-type: none"> Authorizes expedited partner therapy, under which sexual partners or patients diagnosed with sexually transmitted disease are treated without prior clinical examination. 	To Assembly Committee on Health and Senior Services (5/19/16)	EPT
NY	SB 117	<ul style="list-style-type: none"> Encourages, through the provision of written educational materials and consultation, the voluntary vaccination against human papillomavirus for school-aged children by their parents or guardians. 	1/20/2016 Amended in Senate Committee on Health (1/20/16)	HPV Vaccine
	SB 509	<ul style="list-style-type: none"> Provides for the immunization of all children born after January 1, 1996 with the human papillomavirus (HPV). 	Amended in Senate Committee on Health (1/15/16)	HPV Vaccine
	AB 2170	<ul style="list-style-type: none"> Amends the Public Health Law; authorizes expedited partner therapy for certain sexually transmitted infections. 	To Senate Committee on Health (3/30/16)	EPT
	AB 3287	<ul style="list-style-type: none"> Establishes the department of corrections and community supervision shall provide an inmate, upon his or her discharge, with educational information about the prevention of human immunodeficiency virus (HIV), instructions about how to obtain free HIV testing and referrals to community-based HIV prevention, education and counseling resources. 	From Assembly Committee on Ways and Means (5/4/16)	HIV & Corrections
	AB 4256	<ul style="list-style-type: none"> Authorizes the commissioner of corrections and community supervision, in consultation with the commissioner of health, to develop and implement programs in every correctional facility to prevent the spread of hepatitis C, sexually transmitted diseases and HIV among correctional employees and incarcerated persons. 	To Assembly Committee on Ways and Means (5/23/16)	Correctional health
	SB 5528	<ul style="list-style-type: none"> Amends the Insurance Law; relates to requiring insurance coverage for pre-exposure prophylaxis for the prevention of HIV and post-exposure prophylaxis to prevent HIV infection. 	Amended in Senate Committee on Insurance (1/15/16)	Insurance: PrEP

STATE	BILL	DESCRIPTION	ACTION	TOPIC
NY	SB 5528	<ul style="list-style-type: none"> Amends the Insurance Law; relates to requiring insurance coverage for pre-exposure prophylaxis for the prevention of HIV and post-exposure prophylaxis to prevent HIV infection. 	Amended in Senate Committee on Insurance (1/15/16)	Insurance: PrEP
	SB 5534		Amended in Senate Committee on Social Services (6/9/16)	HIV Services
	SB 7249	<ul style="list-style-type: none"> Amends the Public Health Law; permits the use of medical marijuana for severe chronic pain or life-threatening conditions including cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, or Huntington's disease. 	Amended in Senate Committee on Health (5/3/16)	Marijuana for HIV
	SB 7682	<ul style="list-style-type: none"> Amends the Public Health Law; permits sharing of patient HIV information for purposes of care coordination. 	To Senate Committee on Health (5/12/16)	HIV Confidentiality
	SB 7683	<ul style="list-style-type: none"> Enacts provisions to permit access to HIV/AIDS testing, treatment and prevention for minors without parental consent, if the minor consents. 	To Senate Committee on Health (5/12/16)	HIV Confidentiality
	SB 8129	<ul style="list-style-type: none"> Relates to HIV-related testing and to screening for certain diseases; authorizes certain health care professionals to prescribe or execute an order for a seven day starter packet of HIV post-exposure prophylaxis. 	Passed Assembly (6/16/16)	Post-Exposure Prophylaxis
	AB 9834	<ul style="list-style-type: none"> Amends the Public Health Law; allows certain social service of health personnel to disclose confidential HIV related information for research purposes. 	Passed Senate(6/16/16), delivered to governor and signed chap. 461 of Laws of 2016 effective March 28, 2017 (11/28/16)	HIV Confidentiality
	SB 9990	<ul style="list-style-type: none"> Amends the Correction Law; relates to prenatal and postnatal care and testing and prevention of sexually transmitted diseases and HIV for prisoners. 	To Assembly Committee on Correction (5/2/16)	Prenatal/ Postnatal Testing
	AB 10182	<ul style="list-style-type: none"> Amends the Public Health Law; permits sharing of patient HIV information for purposes of care coordination. 	To Assembly Committee on Rules (6/6/16)	HIV Confidentiality
	AB 10183	<ul style="list-style-type: none"> Amends the Public Health Law; relates to informed consent to HIV testing; requires providers to advise patients that an HIV related test is being ordered or performed. 	To Assembly Committee on Rules (6/8/16)	HIV Testing Consent
	AB 10184	<ul style="list-style-type: none"> Enacts provisions to permit access to HIV/AIDS testing, treatment and prevention for minors without parental consent, if the minor consents. 	To Assembly Committee on Rules (6/6/16)	HIV Treatment Consent
	AB 10503	<ul style="list-style-type: none"> Relates to HIV post-exposure prophylaxis and other health care services for sexual assault victims. 	To Assembly Committee on Ways and Means (6/15/16)	Post-Exposure Prophylaxis
	AB 10724	<ul style="list-style-type: none"> Relates to HIV-related testing and to screening for certain diseases; authorizes certain health care professionals to prescribe or execute an order for a seven day starter packet of HIV post-exposure prophylaxis. 	Substituted by S8129 (6/16/16)	Post-exposure prophylaxis
	OH	HB 132	<ul style="list-style-type: none"> Regards coverage for prescription contraceptive drugs and devices, the provision of certain hospital and pregnancy prevention services for victims of sexual assault, and comprehensive sexual health and sexually transmitted infection education in schools. 	Carried over to 2016 (4/14/15)

STATE	BILL	DESCRIPTION	ACTION	TOPIC
OH	SB 131	<ul style="list-style-type: none"> Regards coverage for prescription contraceptive drugs and devices, the provision of certain hospital and pregnancy prevention services for victims of sexual assault, and comprehensive sexual health and sexually transmitted infection education in schools. 	Carried over to 2016 (3/4/15)	Sex Ed & Prevention Coverage
RI	SB 2295	<ul style="list-style-type: none"> Committee recommends measure to be held for further study., Precludes the department of health from requiring immunization for diseases which are not transmittable in a school environment or from mandating human papillomavirus (HPV) vaccination as a precondition for school attendance; requires the director of the department of health to hold at least three (3) public hearings on any proposed changes to the minimum standards for immunization. 	Died in Senate Committee on HHS. Recommended for further study. (3/31/16)	HPV Vaccine
	HB 7475	<ul style="list-style-type: none"> Would amend the provisions of the general laws relating to vaccines by allowing adults, parents, guardians, or persons in custody of a child to opt out of vaccines for non-casual contact diseases transmitted by sexual contact between individuals. This act would take effect upon passage. 	To House Committee on Health (2/4/16) and committee recommended measure to be held for further study (3/16/16)	HPV Vaccine
	SB 2295	<ul style="list-style-type: none"> Precludes the department of health from requiring immunization for diseases which are not transmittable in a school environment or from mandating human papillomavirus (HPV) vaccination as a precondition for school attendance; requires the director of the department of health to hold at least three (3) public hearings on any proposed changes to the minimum standards for immunization. 	Senate Committee on Health and Human Services recommended measure to be held for further study (3/31/16)	HPV Vaccine
SC	SB 278	<ul style="list-style-type: none"> Enacts the Cervical Cancer Prevention Act; provides that beginning with a specified school year, the Department of Health and Environmental Control may offer the cervical cancer vaccination series to adolescent students enrolling in the seventh grade of any public or private school in the state; provides that no student is required to have the vaccine before enrolling in or attending school. 	Act signed by governor. Act No. 151 (4/21/16)	HPV
	HB 3204	<ul style="list-style-type: none"> Enacts the Cervical Cancer Prevention Act; provides that beginning with a specified school year, the Department of Health and Environmental Control may offer the cervical cancer vaccination series to adolescent students enrolling in the seventh grade of any public or private school in the state; provides that no student is required to have the vaccine before enrolling in or attending school; provides that the department may develop an informational brochure related to offering this vaccination with consent. 	Signed by Governor (4/21/16) [Act No. 151]	HPV
TN	SB 2097	<ul style="list-style-type: none"> Relates to Physicians and Surgeons; requires healthcare providers to provide certain women with information concerning cytomegalovirus. 	Public chaptered. (3/28/16) [Chapter No. 625]	Cytomegalovirus
WA	SB 5728	<ul style="list-style-type: none"> Allows patients to opt out of HIV testing. 	Signed by Governor (3/30/16) [Chapter No. 60]	Opt-out HIV Screening
WV	SB 404	<ul style="list-style-type: none"> Relates to testing for HIV and sexually transmitted diseases; prescribes methods of obtaining consent; provides for billing for HIV-related testing and treatment and requires testing upon request with or without insurance, anonymous testing of certain patients opting out of HIV related testing, and rights to anonymity; prohibits certain persons from declining testing under certain conditions; provides for voluntary submission to examination and treatment (removes prohibition on billing persons for testing for HIV and sexually transmitted diseases). 	Signed by Governor (2/29/16) [Act No. 197, Enrolled Public Act No. 16-87]	HIV; Billing; consent; Testing



National Coalition of STD Directors

*Promoting Sexual Health
Through STD Prevention*

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