

# 2015 STD and HIV Legislative Highlights and Analysis





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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:

The National Coalition of STD Directors (NCSD) is a partnership of public health professionals dedicated to promoting sexual health through the prevention of sexually transmitted diseases (STDs). NCSD provides dynamic leadership that strengthens public health STD programs by advocating for effective policies, strategies, and sufficient resources and by increasing awareness of the medical and social impacts of STDs. We are a membership organization representing health department STD directors, their support staff and community-based partners across 50 states, seven large cities, and eight U.S. territories. We use the collective knowledge and experience of our members to successfully advocate for STD policies, programs, and funding that help promote and protect the sexual health of every American.





## WHAT YOU WILL FIND IN THIS DOCUMENT:

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

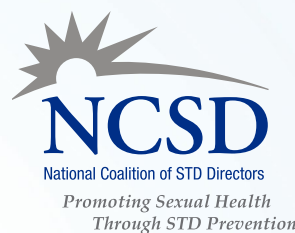
- 1) Analysis of several trends from the 2015 state legislative sessions. These are bills that were particularly interesting, controversial, or examples of trending policy;
- 2) A complete list of STD and HIV legislation from 2015 and a brief description of the bills.

## 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](mailto:statepolicy@ncsddc.org). You can also visit our website at [www.ncsddc.org](http://www.ncsddc.org) and see the analysis from 2013 and 2014 sessions, and other helpful material. Like us on Facebook at <https://www.facebook.com/NCSDDC> and follow us on Twitter (@NCSDdc).

## 2015 LEGISLATIVE OVERVIEW:

In 2015, there were approximately 169 STD, HIV, and sexual health-related bills introduced in state legislatures across the country. Of those bills introduced, 42 state STD and HIV-related bills or resolutions were passed or adopted in 2015, or approximately 25 percent. A full list of all STD-related legislation introduced in 2015 can be found at the end of this document. Among these bills and resolutions, five legislative trends were identified. The 2015 Legislative trends include HPV vaccination regulation, expedited partner therapy (EPT), comprehensive sexual health education, third trimester syphilis and HIV screening/testing, and HIV testing regulations.







## 2015 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 individuals will acquire it at some point in their lives.<sup>1</sup> About 79 million Americans are currently infected with HPV and approximately 14 million people become newly infected each year.<sup>2</sup> Roughly half of those new infections occur among persons aged 15-24 years.<sup>3</sup>

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 are the result of HPV infection and 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.<sup>4</sup> Cervical cancer is the second leading cancer among women worldwide with 493,243 incident cases and 273,505 deaths annually.<sup>5</sup> Every year, it is estimated that over 12,000 women in the U.S. are diagnosed with cervical cancer, and about 4,000 women will die each year from the disease.<sup>6</sup> Approximately 35 percent of all cases of anal cancer and 80 percent of all cases of oropharyngeal cancer in men result from an HPV infection,<sup>7</sup> 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 vaccination of females and males at age 11 and 12 years old. For the HPV vaccine to be effective, it should be provided prior to any sexual contact and potential HPV exposure which is why it is recommended that preteens receive all three doses of the HPV series before they begin any type of sexual activity and are potentially exposed to HPV.<sup>8</sup> HPV vaccines offer the best protection to girls and boys who receive all three vaccine doses and have time to develop an immune response before being sexually active with another person. 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.<sup>9</sup> 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.<sup>10</sup>

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.<sup>11</sup> According to the CDC, for each year that vaccination coverage levels fail to improve, an additional 4,400 women will develop cervical cancer.<sup>12</sup> HPV legislation is especially important given a recent study that showed that even with our current low vaccination rates, HPV's prevalence in teenage girls has reduced by almost two-

thirds.<sup>13</sup> 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.<sup>14</sup>

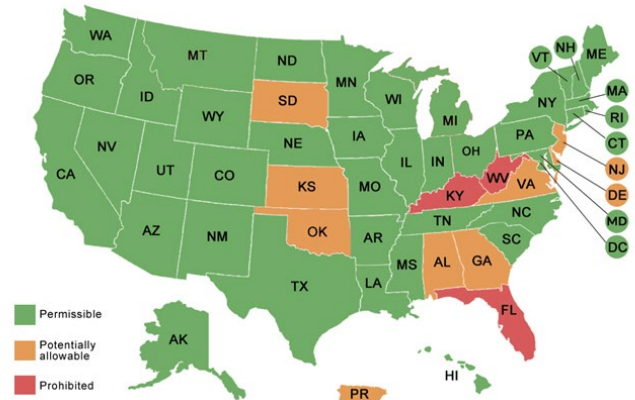
Presently, there are 21 states and the District of Columbia with laws that either require HPV vaccination for school entry, provide funding towards the cost of the vaccines, or support public education about HPV and the vaccine.<sup>15</sup> Numerous state legislatures attempted to address HPV in 2015. Fifteen state legislative bills were introduced ranging from bills that would require the vaccination to be given to all children born after January 1, 1996 (New York AB 1822/SB117) to a number of bills introduced which encourage either the Departments of Health or schools to provide information about the vaccine. None of the bills passed their legislature but show that HPV vaccination is an important issue across the country and one with which legislatures continue to grapple.

## EXPEDITED PARTNER THERAPY (EPT)

Expedited partner therapy (EPT) is a strategy for ensuring that the sex partner(s) of patients diagnosed with a sexually transmitted disease get the necessary antibiotic treatment to cure their infection. Usually when a patient tests positive for bacterial STDs, they are treated with antibiotics by a clinician. Treating a patient's sexual partner(s) is also crucial to prevent the spread of the infection and the patient becoming reinfected. Conventional methods of ensuring treatment of a patient's sexual partners include: direct contact by the clinician to a patient's sexual partner(s), a patient encouraging his/her partner(s) to visit a clinician, or a patient providing the name(s) of his/her partner(s) to health workers who then attempt to contact the partner(s). EPT, however, enables health care professionals to provide patients with either antibiotics or prescriptions for antibiotics that they can give to their sexual partner(s) without requiring a visit by the partner(s) to a health care center.<sup>16,17</sup> Ideally, partners would seek STD testing and treatment from a health care provider, but in some cases, due to social, financial, or logistical barriers, this is not an option.<sup>18</sup>

EPT is legally permissible when laws or governing authorities expressly allow the practice. California was the first state to explicitly allow EPT in its code in 2001,

and many states have since followed suit. In other states, there are statutes that adopt the CDC's STD treatment guidelines, which effectively endorse EPT so long as there is no contrary local statutory provision.<sup>19</sup>



The map above shows the states where EPT is legally permissible (green), likely prohibited (red), or potentially allowable (yellow) as of January 1, 2016. EPT is becoming common practice across the country and the states that explicitly do not allow it are increasingly rare.

Those states that do not allow EPT (red states) generally do not have an explicit statutory prohibition against the use of EPT, but instead, have statutes that contain detailed stipulations about patient-provider relationships which in effect make the practice of EPT unlawful. In many of these states, there is a requirement that physicians have a preexisting relationship with the patients for whom they are writing a prescription or dispensing medication. Additionally, state statute may require an examination prior to prescribing medication.

In those states where EPT is potentially allowable (yellow), there are no statutes that outlaw EPT such as a requirement that physicians have a preexisting relationship with the individual for whom he/she is writing a prescription or providing medication, but these states often have other provisions that make EPT difficult to administer. For example, New Jersey code requires that a prescription must bear the name and address of the patient.<sup>20</sup> Since physicians may not know the name and address of their patient's sexual partner(s), and sometimes, the patient may not know that information either, the name and address requirement can make EPT almost impossible to administer, though not necessarily illegal.<sup>21</sup> In Delaware, the law does not preclude a physician from prescribing drugs for a patient's partner and partner information is not required on the prescription label. However, the patient's full name is required on the prescription label "for the use of a patient or other



third party.<sup>22</sup> Additionally, a pharmacist may only dispense drugs to an ultimate user.<sup>23</sup> Requirements like these pose serious barriers for EPT and make its use unlikely in yellow states.

A 2013 study showed that in states where laws and policies explicitly authorize EPT, patients who reported receiving EPT was significantly higher. In states that have laws authorizing EPT, 13.3 percent of patients reported receiving EPT as compared to one percent of patients in states that do not have a law but where EPT may be considered potentially allowable.<sup>24</sup> Patients diagnosed with gonorrhea or chlamydia that use EPT in consultation with a health care provider are more likely to report that all of their partners received treatment, and they are less likely to be diagnosed with another infection at a follow-up visit.<sup>25</sup> A large study of Washington State's EPT program suggests that the practice lowered infection rates by approximately ten percent for both chlamydia positivity and gonorrhea incidence.<sup>26</sup>

In 2015, several state legislatures legalized EPT and/or took steps to make it operationally feasible. In Maryland, the state legislature passed a bill to allow EPT and extend the pilot program that had existed in Baltimore City for years. The bill (SB 599) authorizes certain health care providers to dispense or provide a prescription for antibiotics to partners of patients diagnosed with chlamydia or gonorrhea without examination of the patient's partner(s).<sup>27</sup> The bill was approved by the Governor on May 12 2015. The bill requires the Maryland Secretary of Health and Mental Hygiene to adopt regulations to implement the requirements of the bill in public and private health care settings in the state. The regulations became effective in March 2016.

Additionally, the Ohio legislature passed a bill to allow EPT in 2015 (HB 124).<sup>28</sup> Ohio's bill authorizes certain providers to prescribe or personally furnish a drug for up to two sexual partners of a patient diagnosed with chlamydia, gonorrhea, or trichomoniasis without examining the sexual partner(s). It also authorizes a pharmacist to dispense a drug pursuant to a prescription issued in accordance with the act and grants immunity from civil liability, criminal prosecution, or professional discipline to a specified provider or pharmacists acting in good faith and in accordance with the act.

Both West Virginia and Kentucky's legislatures introduced bills to legalize EPT.<sup>29</sup> These are two of the last few states where there are laws on the books that make EPT illegal, but neither of the bills moved out of the chamber where they were introduced.

## COMPREHENSIVE SEXUAL HEALTH EDUCATION

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. Among high school students in the United States in 2015, 30 percent are currently sexually active and of these, 56.9 percent of these students used condoms.<sup>30</sup> This percentage of condom use was a decline from the previous year and even more troubling is that the percentage of youth who used a condom the last time they had sex decreased from 63 percent in 2003 to just 56.9 percent in 2015.<sup>31</sup> In the U.S., although they represent only 25 percent of the sexually active population, 15-24 year olds account for nearly one-half of all new sexually transmitted diseases.<sup>32</sup> As many as four in ten sexually active teen girls have had a STD which could cause infertility.<sup>33</sup> In 2014, young people between the ages of 15 and 24 accounted for the highest rates of chlamydia and gonorrhea, 66 and 54 percent respectively, and almost two thirds of all reported cases.<sup>34</sup> In 2014, persons aged 20-24 accounted for 18 percent of all diagnoses and had the second highest rate of diagnoses (34.3 per 100,000 population).<sup>35</sup> In 2014, the highest rate was for persons aged 25-29 years (35.8).<sup>36</sup> The steepest increases occurred among young black and Latino MSM aged 13-24, who saw increases of about 87 percent over the decade from 2005-2014.<sup>37</sup>

Comprehensive sexual health education provides evidence-based, medically accurate, and developmentally appropriate sexual health information to address the physical, mental, emotional, and social dimensions of human sexuality for all young people. It is taught by trained educators and includes information and skill development related to a range of topics addressing human development, relationships, sexual behavior including abstinence, sexual health, and society and culture. Comprehensive sexual health education provides adolescents with the essential knowledge and critical skills needed to lead sexually healthy lives, including preventing unintended pregnancy, HIV, and other STDs. Comprehensive programs are effective in helping young people delay sexual activity and in increasing contraceptive use when young people do become sexually active.<sup>38</sup> Research has shown that access to medically accurate and complete sexuality education and contraception information works to promote adolescent health.<sup>39</sup> It helps young people delay having sex, use condoms and contraception when they do become sexually active, and reduces teen pregnancy, birth, and abortion.<sup>40</sup> Programs that

are inclusive of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and provide LGBTQ-related resources ultimately promote academic achievement and overall health.<sup>41</sup> Equipping young people with sexual decision-making and relationship-navigating skills results in safer sexual behaviors.<sup>42</sup>

In 2015, the California legislature passed a bill that amends the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act.<sup>43</sup> The existing law authorized school districts to provide comprehensive sexual health education, consisting of age-appropriate instruction, in kindergarten and grades 1-12 and required school districts to ensure that all pupils in grades 7-12 receive HIV/AIDS prevention education. The California bill (AB 329) revised the existing legislation to integrate instruction of comprehensive sexual education and HIV prevention education and requires that school districts ensure all pupils in grades 7-12 receive comprehensive sexual health education and HIV prevention education. Its purpose is,

...(1) To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy. (2) To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family. (3) To promote understanding of sexuality as a normal part of human development. (4) To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end. (5) To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors.<sup>44</sup>

A student does not have to attend any class in comprehensive sexual health education or HIV prevention education if the school has received a written request from the student's parent or guardian excusing the student from participation.<sup>45</sup>

In Massachusetts, a bill was also passed (SB 2048) which amends their comprehensive sexual health education bill in November 2015. It requires that all entities implementing or maintaining a curriculum that "primarily involves human sexual education or human sexuality issues" adopt a written policy ensuring parent/guardian notification of the education provided by the school, the right to remove the student from all or part of the instruction, and the notification process

to the school for that withdrawal as well as a process for the inspection of the instruction materials prior to the start of the course, if desired.<sup>46</sup> Massachusetts law requires that all entities that offer sexual health education provide "medically accurate, age-appropriate sexual health" that is appropriate regardless of gender, race, disability status, or sexual orientation and includes at a minimum,

"(i) the benefits of abstinence and delaying sexual activity and the importance of effectively using contraceptives and barrier methods, to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS; (ii) ways to effectively discuss safe sexual activity; and (iii) relationship and communication skills...."<sup>47</sup>

## THIRD TRIMESTER SCREENING AND TESTING: SYPHILIS & HIV

According to the United States Preventive Services Task Force (USPSTF), all pregnant women in the United States should be tested for syphilis at the first prenatal visit.<sup>48</sup> The CDC also recommends that all women should be screened for syphilis at their first prenatal visit and those who are at high risk for syphilis, are previously untested, or live in areas of high syphilis morbidity should be screened again early in the third trimester and at delivery.<sup>49</sup> Where the amount of prenatal care delivered is not optimal (i.e. there is no first trimester care), screening should be performed at the time that a pregnancy is confirmed. Depending on how long a pregnant woman has been infected with syphilis, there is a high risk of having a stillbirth<sup>50</sup> and untreated syphilis in these cases results in infant death in up to 40 percent of cases.<sup>51</sup> A baby born with syphilis may not have signs or symptoms of disease, but if not treated immediately, the baby may develop serious problems within weeks. Untreated babies may become developmentally delayed, have seizures, or die from complications.<sup>52</sup> All babies born to mothers who test positive for syphilis during pregnancy should be screened for syphilis and examined for evidence of congenital syphilis.<sup>53</sup>

In addition to recommendations on testing for syphilis during pregnancy, similar, and even stronger, recommendations are widely promoted for HIV. For example, the USPSTF recommended that clinicians screen all pregnant women for HIV in 2013.<sup>54</sup> The CDC's Sexually Transmitted Diseases Treatment Guidelines state "[a]ll pregnant women in the United State should be screened for HIV infection as early in



pregnancy as possible....Retesting in the third trimester (preferably before 36 weeks' gestation) is recommended for women at high risk for acquiring HIV infection (e.g., women who use illicit drugs, have STDs during pregnancy, have multiple sex partners during pregnancy, live in areas with high HIV prevalence, or have HIV-infected partners).<sup>55</sup> According to the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice Recommendations, repeat testing in the third trimester for HIV, or rapid HIV testing at labor and delivery or both are recommended as strategies to further reduce the rate of perinatal HIV transmission.<sup>56</sup> ACOG recommends repeat conventional or rapid HIV testing in the third trimester for women in areas with high HIV prevalence, women known to be at high risk for acquiring HIV infection, and women who declined testing earlier in the pregnancy.

The 2014 state legislative sessions were the beginning of a movement to address an increase in cases of congenital syphilis across the country that has continued and increased in the legislative sessions of 2015. These efforts focus on harmonizing syphilis screening requirements with HIV recommendations for pregnant women which have been successful at lowering prenatal HIV transmission as equal parts of a sexual health-focused prenatal package. In 2015, the Texas and Georgia state legislatures passed bills addressing third trimester testing by adding third trimester testing for syphilis to existing requirements for testing for HIV. This was due at least in part to rising concerns with congenital syphilis.

A bill introduced in Georgia (HB 436) amended Chapter 17 of Title 31 of the Georgia Code to require that physicians and health care providers offer HIV and syphilis testing of pregnancy in their third trimester of pregnancy.<sup>57</sup> It states that "every physician and health care provider who provides prenatal care of a pregnant woman during the third trimester of gestation shall offer to test such pregnant woman for HIV and syphilis at the time of first examination during that trimester or as soon as possible thereafter, regardless of whether such testing was performed during the first two trimesters of her pregnancy."<sup>58</sup> Additionally, the bill requires testing for HIV or syphilis "if at the time of delivery there is no written evidence" that a test has been performed the physician or other health care provider in attendance at the delivery shall order that a test for HIV, syphilis, or both be administered at the time of delivery.<sup>59</sup> The bill was signed by the Governor and went into effect on July 1, 2015.

In Texas, the state legislature passed a similar bill to increase third trimester STD testing (SB 1128). This bill requires that a physician or other provider attending a pregnant woman during her pregnancy will test for HIV and syphilis during the third trimester (but not earlier than the 28<sup>th</sup> week.<sup>60</sup> If the physician or other person responsible for the newborn child does not find record of HIV and syphilis tests being performed after the 28<sup>th</sup> week and the test was not performed at delivery, the provider responsible for the newborn child shall perform a test on the newborn child within two hours of birth and receive results less than six hours from the time that they are submitted.<sup>61</sup> The bill was signed by the Governor and went into effect on September 1, 2015.

## HIV TESTING REGULATIONS

There are two common ways that HIV tests are offered in health care settings—opt-in and opt-out testing. With opt-out testing, the health care provider suggests that it would be a good idea to take the test and unless the patient asks for it not to be done or "opts-out," the patient will receive the test. Alternatively, an "opt-in" test simply means that the patient must specifically ask to have the test though the health care provider can still discuss the benefits of testing and make sure that that patient is aware of the availability of testing. In the 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-care Settings, CDC recommends the opt-out approach to testing for all adults and adolescent patients in health care settings. The recommendations specifically state, "HIV screening is recommended for all patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening)."<sup>63</sup> The recommendations continue that "[s]eparate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing."<sup>64</sup> The recommendations advocate routine voluntary HIV screening as a normal part of medical practice, similar to screening for other treatable conditions because HIV infection is consistent with all generally accepted criteria that justify screening:

1. HIV infection is a serious health disorder that can be diagnosed before symptoms develop;
2. HIV can be detected by reliable, inexpensive, and noninvasive screening tests;

3. Infected patients have years of life to gain if treatment is initiated early, before symptoms develop; and
4. The costs of screening are reasonable in relation to the anticipated benefits.<sup>65</sup>

In 2015, a number of states passed bills relating to HIV testing. In Florida, the legislature passed a bill (HB 321) which defines “health care settings” and requires that before an HIV test is performed in a health care setting, the patient “shall be notified orally or in writing that the test is planned and that he/she has the right to decline the test.”<sup>66</sup> The bill continues that “[a] person who has signed a general consent form for medical care is not required to sign or otherwise provide a separate consent for an HIV test during the period in which the general consent form is in effect.” The bill was approved by the Governor on June 10, 2015.

In Maryland, the state legislature passed a bill (HB 978) that required consent for HIV testing to be included in a certain general consent for medical care and not requiring that a separate consent form be used.<sup>67</sup> Additionally, in Georgia, the state legislature passed a bill<sup>68</sup> (HB 436) which states, that “each health care provider who orders an HIV test for any person shall do so only after notifying the person....the person to be tested shall have the opportunity to refuse the test.”<sup>69</sup> This was a change to the law that previously had required providers to “counsel” the person being tested prior to testing.

Finally, in Washington State the legislature passed SB 5728 which went into effect on June 9<sup>th</sup>, 2016.<sup>70</sup> The bill adds a new section which adopts the CDC’s recommendations for opt-out screening as outlined above.<sup>71</sup> The bill adds another new section which states, “screening for HIV infection must be offered by clinicians consistent with the United States Preventative Services Task Force recommendations for all patients aged 15-65 and for all pregnant women. The health care provider must notify the patient that an HIV screening will be performed unless the patient declines.”<sup>72</sup>

All of the above mentioned policy changes make the state requirements consistent with the 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.<sup>73</sup>

## 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 sexually transmitted diseases 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.

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## 2015 LEGISLATION BY STATE

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
CA	AB 329	<ul style="list-style-type: none"> <li>Amends California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act to express the intent of the legislature to enact legislation that would review and update the current curriculum to reflect advances in age-appropriate sexual health instruction, including, but not limited to, health relationships and dating violence.</li> </ul>	Passed; Chaptered by Secretary of State (Chapter 398) (10/1/15)
	AB 521	<ul style="list-style-type: none"> <li>Amends the law requiring that every patient who has blood drawn at a primary care clinic to specify the manner in which the results of that test are provided. Applies to those provisions to a patient who has been admitted to a general acute care hospital after having blood drawn at the hospital emergency department. Exempts a hospital emergency department from testing requirements if the personnel determine the person is being treated for a life-threatening emergency or lacks the capacity to consent. Specifies the emergency department is not responsible for offering the HIV test. // Amends an existing law which requires that every patient who has blood drawn at a primary care clinic, and who has consented to the test, be offered an HIV test, and which specifies the manner in which the results of that test are provided. Applies those provisions to certain patients admitted as inpatients to a general acute care hospital through the emergency department. Specifies that a health plan is not prohibited from applying certain cost share or other limitations (9/8/15).</li> </ul>	To Governor (9/23/15); Vetoed (10/11/15)
	SB 277	<ul style="list-style-type: none"> <li>Amends existing law to eliminate exemption from immunization based upon personal beliefs for requiring any person be admitted to a public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center without immunization against various diseases, including measles, mumps, and pertussis, subject to any specific age criteria.</li> </ul>	Passed, Chaptered by Secretary of State (Chapter 35) (6/30/15)
CO	SB 5	<ul style="list-style-type: none"> <li>Amends current law that provides certain persons charged with or convicted of second or third degree assault are required to undergo testing for communicable diseases, to expand the testing to a person charged with or convicted of first degree assault if the person's blood, seminal fluid, urine, feces, saliva, mucus, or vomit came into contact with a peace officer, firefighter, or emergency medical provider.</li> </ul>	Governor signed (4/16/15)
CT	HB 5525	<ul style="list-style-type: none"> <li>Concerns cytomegalovirus; requires newborn screening tests for cytomegalovirus and establish a public education program for cytomegalovirus.</li> </ul>	Signed by Governor (5/26/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
CT	HB 5907	<ul style="list-style-type: none"> <li>Concerns notification to emergency medical services organizations regarding patients diagnosed with infectious diseases; expands the protections afforded to emergency medical services personnel who may have been exposed to a potentially life-threatening infectious disease.</li> </ul>	Signed by Governor (6/23/15)
	HB 6849	<ul style="list-style-type: none"> <li>Reissued by Legislative Commissioner's Office with File No. 722, Strengthens protections for victims of human trafficking; establishes that the Department of Public Health shall provide to victims of a sexual act constituting a violation, services of counseling regarding human immunodeficiency virus, HIV-related testing, and referral service for appropriate health care and support; relates to testing sites; establishes that trafficking is a class B felony; relates to the Office of Victim Services; relates to compensation for those victims.</li> </ul>	Signed by Governor (7/2/15)
FL	HB 321	<ul style="list-style-type: none"> <li>Relates to HIV testing; relates to notification and consent procedures for performing HIV tests in health care and nonhealth care settings; includes county health department clinics, hospital emergency departments, urgent care clinics, substance abuse treatment clinics, primary care settings, community clinics, mobile medical clinics, and correctional health care facilities.</li> </ul>	Filed as Chapter No. 2015-110 (6/11/15)
	SB 512	<ul style="list-style-type: none"> <li>Relates to HIV testing; differentiates between notification and consent procedures for performing an HIV test in a health care setting and a non-health care setting; reenacts provisions relating to the collection and transmittal of specimens, to incorporate the amendment made to s. 381.004, in a reference thereto.</li> </ul>	Laid on Table-- companion bill (HB 321) passed
	HB 889	<ul style="list-style-type: none"> <li>Relates to health care representatives; provides exception for patient who has designated surrogate to make health care decisions and receive health information without determination of incapacity being required; revises suggested form for designation of health care surrogate; provides for designation of health care surrogates for minors; provides suggested form for designation of health care surrogate for minor; provides for notification of incapacity of principal; provides an additional requirement.</li> </ul>	Filed as Chapter No. 2015-153 (6/15/15)
	SB 1224	<ul style="list-style-type: none"> <li>Companion bill to HB 889; relates to health care representatives; relates to health care advanced directives; relates to surrogate authority that is not dependent on a determination of incapacity; provides an exception for a patient who has designated a surrogate to make health care decisions and receive health information; revises provisions relating to the designation of health care surrogates; provides for the designation of health care surrogates for minors; provides for notification of incapacity of a principal.</li> </ul>	Laid on Table-- companion bill (HB 889) passed
GA	HB 53	<ul style="list-style-type: none"> <li>Relates to clinical laboratories; provides that a person consenting to the provision of medical or surgical care by a health care providers operates as consent for such provider to perform an HIV test; provides for withdrawal of consent for an HIV test; provides for related matters; repeals conflicting laws.</li> </ul>	2nd Reading in House Committee on Health and Human Services (1/16/15)
	HB 119	<ul style="list-style-type: none"> <li>Relates to disclosure of AIDS confidential information; changes provisions relating to disclosure of such information under certain circumstances; provides for related matters; repeals conflicting laws.</li> </ul>	Passed House (2/18/15); Senate Read Second Time (3/25/15); Senate recommitted (1/11/16)
	HB 436	<ul style="list-style-type: none"> <li>Relates to control of venereal disease; requires that physicians and health care providers offer HIV and syphilis testing of pregnant women in their third trimesters; provides for refusal of testing by a pregnant woman; eliminates a counseling requirement prior to ordering such testing; revises the number of advance practice nurses under a delegating physician protocol agreement.</li> </ul>	Signed by Gov (5/12/15)
HI	HB 455	<ul style="list-style-type: none"> <li>Appropriates funds to the Department of Health for the breast and cervical cancer control program (Introduced by Women's Legislative Caucus).</li> </ul>	Carried over to 2016 Regular Session (12/17/15)
	HB 782	<ul style="list-style-type: none"> <li>Requires Department of Health to establish a public education program on the cytomegalovirus to educate pregnant woman and women who may become pregnant; requires the responsible physician of a newborn infant identified as, or suspected of, having a hearing impairment to test the newborn infant for the cytomegalovirus.</li> </ul>	Signed into Law (7/14/15)



STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS	
HI	HB 458 (companion SB394)	<ul style="list-style-type: none"> <li>• Begins with 2016-2016 school year, requires public schools to annually provide information about the human papillomavirus, including the connection between human papillomavirus to cervical and other cancers and disease, and the availability of vaccines against the human papillomavirus to parents or guardians of students entering sixth grade.</li> </ul>	Passed House (3/10/15)	
	HB 1333	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Failed First Crossover Deadline	
	HCR 11 (companion SCR 5)	<ul style="list-style-type: none"> <li>• Encourages public and charter schools to provide information to parents of all public school students in the sixth grade regarding human papillomavirus vaccinations.</li> </ul>	Referred to House Committee on Education (2/3/15); In Committee: Hearing scheduled for 3/27/15, 9am (3/25/15); In Committee: Measure deferred (3/27/15); Failed first crossover deadline-- first year of biennium (4/9/15)	
	SCR 5	<ul style="list-style-type: none"> <li>• Encourages public and charter schools to provide information to parents of all public school students in the sixth grade regarding human papillomavirus vaccinations.</li> </ul>	Failed First Crossover Deadline	
	SB 394	<ul style="list-style-type: none"> <li>• Begins with 2016-2016 school year, requires public schools to annually provide information about the human papillomavirus, including the connection between human papillomavirus to cervical and other cancers and disease, and the availability of vaccines against the human papillomavirus to parents or guardians of students entering sixth grade.</li> </ul>	Introduced 1/23/15; Referred to Senate Committee on Ways and Means and Education and Health Committee-- public hearing scheduled in EDU/ HTH (2/4/15, 1:15pm); In Senate Committee on Health, voted "do pass" with amendment (2/4/15)	
	SB 1185	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Carried over to 2016 Regular Session	
	SB 385	<ul style="list-style-type: none"> <li>• Appropriates funds to the Department of Health for the breast and cervical cancer control program (Introduced by Women's Legislative Caucus).</li> </ul>	Passed Senate (3/10/15)	
	IL	SR 90	<ul style="list-style-type: none"> <li>• Requests that the Department of Children and Family Services and the Department of Public Health collaborate and devise policy recommendations regarding HIV supportive services and prevention.</li> </ul>	Resolution Adopted (4/23/2015)
		HB 184	<ul style="list-style-type: none"> <li>• Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of; requires the Department of Public Health to establish and conduct a public education program to inform pregnant women and women who may become pregnant regarding cytomegalovirus.</li> </ul>	Signed by Governor (8/21/15)
		SB 661	<ul style="list-style-type: none"> <li>• Creates the Hepatitis C Screening Act; provides that every individual born between the years of 1945 and 1965 who receives health services from a hospital as an inpatient or in the emergency department of a hospital or who receives primary care services in an outpatient department of a hospital or who receives health services from a health care practitioner providing primary care shall be offered a hepatitis C-related test, unless the health care practitioner providing the services reasonably believes.</li> </ul>	Total veto stands (9/24/15)
HB 1004		<ul style="list-style-type: none"> <li>• Extends the date of repeal of a the African-American HIV/AIDS Response Fund; amends the AIDS Confidentiality Act; makes changes to the definitions of health care professional and informed consent; defines pre-test information; provides that a subject's or an authorized representative's verbal or written consent, or declination of opt-out HIV testing, must be documented by a health facility or provider in the general consent for medical care, a separate consent form, or elsewhere in a medical record.</li> </ul>	Approved by Governor (7/16/15)	

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
IL	HB 1660	<ul style="list-style-type: none"> <li>Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois; extends the date of repeal of provisions concerning the Hepatitis C Task Force.</li> </ul>	Signed by Governor (8/21/15)
	SB 1684	<ul style="list-style-type: none"> <li>Creates an advisory council on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections and pediatric acute neuropsychiatric syndrome to advise the Director of Public Health on research, diagnosis, treatment, and education relating to the disorder and syndrome.</li> </ul>	Signed by Governor (8/7/15)
	SB 1754	<ul style="list-style-type: none"> <li>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.</li> </ul>	Referred to Assignments (10/10/15)
	HB 2812	<ul style="list-style-type: none"> <li>Provides that Medicaid Managed Care Entities shall not divulge, including by sending a bill or explanation of benefits, information concerning certain services received by enrollees to any person other than a provider or care coordinator; provides that such services include mental health services, substance abuse treatment, reproductive health services, family planning services, services for sexually transmitted infections and sexually transmitted diseases, and services for sexual assault or domestic abuse.</li> </ul>	Signed by Governor (7/29/15)
	HB 3530	<ul style="list-style-type: none"> <li>Amends the Medical Assistance Article of the Public Aid Code; requires the Department of Healthcare and Family Services to develop and pay a monthly supplemental capitation payment for all high cost specialty pharmaceuticals and medical treatments, including, but not limited to, curative Hepatitis C pharmaceuticals; provides that the supplemental capitation payments shall be made to all impacted capitated managed care organizations that follow the Department's clinical coverage guidelines for pharmaceutical.</li> </ul>	Re-referred to Rules Committee (3/27/15)
	HB 3623	<ul style="list-style-type: none"> <li>Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of; requires the Department to: establish a program to heighten awareness and enhance knowledge and understanding of hepatitis C; conduct a study examining both the current and future statuses of the disease in the State; communicates to health care providers and employers the benefits of disease awareness and prevention; develops a prevention program to reduce the risk of transmission of hepatitis C.</li> </ul>	Re-referred to Rules Committee (4/24/15)
	HB 3890	<ul style="list-style-type: none"> <li>Amends the Hospital Licensing Act; requires a hospital that is treating a patient for a heroin overdose to test that patient for hepatitis C.</li> </ul>	Re-referred to Rules Committee (3/27/15)
IN	HR 52	<ul style="list-style-type: none"> <li>Urges the legislative council to assign to the appropriate study committee the topic of dispensing information regarding vaccinations against human papillomavirus.</li> </ul>	To House Committee on Rules and Legislative Procedures (4/14/15)
	HR 63	<ul style="list-style-type: none"> <li>Urges the legislative council to assign to the appropriate study committee the topic of studying ways to improve Indiana's HPV vaccination rate for girls and boys of all races and ethnicities.</li> </ul>	Passed House (4/16/15)
	E.O. 5	<ul style="list-style-type: none"> <li>Declares a public health emergency in Scott County, Indiana. (E.O. 6 Extension - 04/20/15).</li> </ul>	Effective (3/26/15)
	SB 363	<ul style="list-style-type: none"> <li>Defines dangerous sexually transmitted disease and increases the penalty for child molesting from a Level 3 felony to a Level 1 felony if the offense results in the transmission of a dangerous sexually transmitted disease.</li> </ul>	To House Committee on Courts and Criminal Code (3/2/15)
	HB 1304	<ul style="list-style-type: none"> <li>Requires the criminal justice institute to track the number of juveniles in adult court; requires custodial interrogations of juveniles be recorded; relates to the waiver of jurisdiction of juveniles to adult court; relates to persons with a intellectual disability or developmental disability in diversion; relates to a prosecuting attorney; modifies certain criminal offense classification; relates to child molestation and sexually transmitted diseases; relates to alcohol and opioid treatment.</li> </ul>	Signed by Governor (5/5/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
IN	HB 1359	<ul style="list-style-type: none"> <li>Requires the State Department of Health to establish a program to provide information about the Human Papilloma Virus to parents, health care providers, and other individuals approved to administer the HPV vaccine and to establish goals and plans to increase the vaccination rate for the HPV infection; requires the department to prepare an annual report concerning the program; repeals and relocates the immunization Laws from the education Laws to the health Laws; removes the requirement for a school to pro. Adds hepatitis A to the list of immunizations; requires the department to provide the department of education with immunization materials; allows documentation from the state immunization data registry to be used as proof of immunization status.</li> </ul>	Failed to pass House (2/24/15)
KS	HB 2339	<ul style="list-style-type: none"> <li>Relates to changing age of consent for sexual relations.</li> </ul>	Referred to House Committee on Judiciary (2/12/15)
KY	HB 230	<ul style="list-style-type: none"> <li>Relates to expedited partner syndrome; creates definitions and establishes authority and standards for expedited partner therapy.</li> </ul>	First reading (2/25/15); Taken from Consent Orders of Day, placed in Regular Orders of Day (2/26/15); Taken from Regular Orders of Day, sent to House Committee on Rules (3/23/15)
	HB 248	<ul style="list-style-type: none"> <li>Relates to continuing education on human immunodeficiency virus and acquired immunodeficiency virus infection and acquired immunodeficiency syndrome; updates continuing education requirements; relates to testing, reporting confidentiality and privacy of HIV-related data and advances in treatment protocol, intervention protocols, and coordination of services; relates to anaphylaxis, epinephrine auto-injectors, emergency administration, prescriptive authority, and civil immunity.</li> </ul>	Signed by Governor (4/2/15) [Act No. 113]
	HR 129	<ul style="list-style-type: none"> <li>Encourages the citizens of the Commonwealth to learn about the risks of human papillomavirus-related cancers and the benefits of the human papillomavirus vaccine.</li> </ul>	Introduced (2/10/15)
LA	HB 191	<ul style="list-style-type: none"> <li>Requires inmates being released because of diminution of sentence to submit to certain infectious disease testing before being placed on parole; provides that all inmates being releases from state-operated and state privately operated prion facilities shall be offered opt-out testing for human immunodeficiency virus (HIV), prior to release;, unless the inmate is known to be HIV positive or had an HIV test recently prior to release; requires consent; provides for services if the inmate tests positive.</li> </ul>	Signed by Governor [Act 301] (6/29/15)
ME	HB 319	<ul style="list-style-type: none"> <li>Provides for Medicaid coverage for reproductive health care and family planning services; includes pregnancy prevention, testing and treatment for sexually transmitted infection or cancer and access to contraception; provides funds for Automated Client Eligibility System technology updates to handle changes to eligibility and services due to expanded eligibility for family planning services; relates to written approval of the state plan.</li> </ul>	Public Law No. 356 (7/12/15)
	HB 661	<ul style="list-style-type: none"> <li>An Act To Fund HIV, Sexually Transmitted Diseases and Viral Hepatitis Screening, Prevention, Diagnostic and Treatment Services.</li> </ul>	Carried Over to Next Session (7/16/15)
	HB 1149	<ul style="list-style-type: none"> <li>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 and a description.</li> </ul>	Carried Over to Next Session (6/30/15)



STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
ME	SB 943	<ul style="list-style-type: none"> <li>Requires that health insurance policies include coverage for the treatment of infertility if: 1. The covered individual is married; 2. The covered individual's infertility is not the result of a sexually transmitted disease; and 3. The number of embryos implanted does not exceed the number set forth in rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance. Under this bill, a policy that provides such coverage may require a 50% or lower copayment.</li> </ul>	Placed in Legislative Files (DEAD) (4/29/15)
MD	SB 337/HB 228	<ul style="list-style-type: none"> <li>Establishing the Expedited Partner Therapy Program in Baltimore City Health Department as a permanent program; authorizing a specific advanced practice nurse instead of a certified nurse practitioner to dispense or otherwise provide antibiotic therapy under specified circumstances; repealing a specified reporting requirement; repealing the termination date of the Program; and making conforming and clarifying changes.</li> </ul>	Replaced with SB 599
	SB 626	<ul style="list-style-type: none"> <li>Requiring specific registered nurses who personally prepare and dispense specific drugs and devices in local health departments in accordance with specified provisions of law or to specified patients to comply with a specified formulary and specified requirements; establishing the Committee on Personally Preparing and Dispensing Drugs and Devices by Registered Nurses in Local Health Departments; providing for composition, terms, chair, and staffing of the Committee; etc (will allow certain designated and trained local health department RNs the authority to provide EPT and Naloxone).</li> </ul>	Approved by Governor (4/14/15) [Chapter 44]
	SB 512	<ul style="list-style-type: none"> <li>Requires hospital and specified health care practitioners who provide specified care in specified health care facilities to offer, to the extent practicable, specified individuals a hepatitis C screening test or a hepatitis C diagnostic test.</li> </ul>	To Senate Committee on Education, Health and Environmental Affairs (2/6/15); Senate Hearing (3/5/15)
	SB 599	<ul style="list-style-type: none"> <li>Provides for the purpose of expedited partner therapy; authorizes specified health care providers who diagnose chlamydia or gonorrhea in an individual patient to prescribe, dispense, or otherwise provide prescription antibiotic drugs to that patient's sexual partners without examination of that patient's partners; requires the Secretary of Health and Mental Hygiene to adopt specified regulations; repeals a reporting requirement regarding the Expedited Partner Therapy Pilot Program.</li> </ul>	Approved by Governor (5/12/15) [Chapter No. 183]
	HB 978	<ul style="list-style-type: none"> <li>Alters certain requirements that health care providers must meet before obtaining certain samples for the purpose of HIV testing; requires consent for HIV testing to be included in a certain general informed consent for medical care in a certain category of tests; provides subject to a certain exception, that a health care provider may not be required to obtain certain consent using a separate consent form; requires a health care provider who obtains certain results from a HIV test to take certain actions.</li> </ul>	Approved by Governor (4/14/15) [Chapter No. 112]
MA	HB 1943	<ul style="list-style-type: none"> <li>Studies the use of harm reduction.</li> </ul>	House referred to Committee on Public Health, Senate concurred, hearing rescheduled to (07/14/15)
	HB 439	<ul style="list-style-type: none"> <li>Requires parental notification and consent prior to implementing age appropriate sexual health education in the schools.</li> </ul>	Amended by sub. of New Draft. For further action see HB 3754; HB 3754 Reported from the committee on Education (9/10/15)
	SB 1283	<ul style="list-style-type: none"> <li>Provides for HIV testing for at risk police officers.</li> </ul>	Senate referred to Joint Committee, House concurred (4/15/15)
	HB 1317	<ul style="list-style-type: none"> <li>Establishes a HIV testing procedure in correctional institutions in the Commonwealth.</li> </ul>	In Joint Committee on Judiciary: Heard. Eligible for Executive Session. (7/14/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
MA	HB 1371	<ul style="list-style-type: none"> <li>Relates to the exposure of public safety officials to the AIDS virus.</li> </ul>	Referred to House Committee on Judiciary (1/20/15)
	HB 1930	<ul style="list-style-type: none"> <li>Relates to needlestick injury prevention in public health facilities and settings.</li> </ul>	
	HB 1964	<ul style="list-style-type: none"> <li>Relates to testing persons convicted of sexual assault for the HIV virus.</li> </ul>	In Joint Committee on Public Health (9/17/15)
	SB 2013	<ul style="list-style-type: none"> <li>Requires sex health education in schools to be age- appropriate and medically accurate; requires school districts and public schools to teach the benefits of abstinence in conjunction with contraceptives and barrier methods to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS, and to form healthy, respectful relationships free of violence, coercion, and intimidation and be appropriate regardless of student gender, race, disability status, or sexual orientation.</li> </ul>	A part recommended from Senate Committee on Ways and Means by substitution of New Draft. See S 2048 (11/6/15)
	SB 2048	<ul style="list-style-type: none"> <li>Relative to healthy youth (Senate, No. 2013) Requires sex health education in schools to be age- appropriate and medically accurate; requires school districts and public schools to teach the benefits of abstinence in conjunction with contraceptives and barrier methods to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS, and to form healthy, respectful relationships free of violence, coercion, and intimidation and be appropriate regardless of student gender, race, disability status, or sexual orientation.</li> </ul>	Engrossed (11/8/15)
	HB 2448	<ul style="list-style-type: none"> <li>Provides for a voluntary contribution on the state income tax form for donations to the State Public Health HIV and Hepatitis Fund.</li> </ul>	To Joint Committee on Revenue (6/30/15)
	HB 3754	<ul style="list-style-type: none"> <li>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.</li> </ul>	To Joint Committee on Health Care Financing (9/10/15)
MI	SB 374-381	<ul style="list-style-type: none"> <li>Revises references to venereal disease to sexually transmitted infection.</li> </ul>	To House Committee on Health Policy (10/14/15)
MN	HB 2124	<ul style="list-style-type: none"> <li>Relates to health; appropriates money to address hepatitis B health-related health disparities.</li> </ul>	To House Committee on Health and Human Services (3/26/15)
MS	HB 352	<ul style="list-style-type: none"> <li>Requires all persons who are recipients of benefits under the Medicaid program, the Children's Health Insurance Program, and the state and school employees health insurance plan to be tested or screened annually for the use of illegal drugs, abuse of alcohol, hepatitis b or c, tuberculosis and sexually transmitted diseases; provides that the cost of that testing or screening shall be covered as a benefit under each respective program or plan.</li> </ul>	Died in House Committee on Appropriations (2/3/15)
	HB 257	<ul style="list-style-type: none"> <li>Provides for DNA collection from persons arrested for crimes of violence; requires HIV testing for all persons arrested for commission of a sex crime against a minor.</li> </ul>	Approved by Governor (3/13/15)
	HB 1322	<ul style="list-style-type: none"> <li>Amends section 97-27-14, Mississippi code of 1972, to revise the crime of endangerment for knowing exposure to body fluids.</li> </ul>	Died in House Committee on Judiciary (2/3/15)
	HB 319	<ul style="list-style-type: none"> <li>Directs the Department of Human Services, State Department of Health and the Division of Medicaid to prepare videos for presentation in the offices in which Temporary Assistance for Needy Families benefits, snap benefits, WIC program food, Medicaid Assistance, and Children's Health Insurance Program benefits are provided by those agencies; provides that the videos shall provide information on prenatal health care, sexually transmitted diseases, abstinence education and preventative birth control.</li> </ul>	Died in House Committee on Appropriations (2/3/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
MS	SB 2800	<ul style="list-style-type: none"> <li>Provides that a child will be exempt from the requirement to have any specific vaccination in order to attend a school if the child's parent or guardian submits to the school a letter or affidavit that documents which required vaccination have been given, and which vaccines have not been given on the basis that they are contrary to his or her beliefs; provides that beginning with the 2015-2016 school year, a form prescribed by the state department.</li> </ul>	Died in Senate Committees on Education and Public Health and Welfare (2/3/15)
MO	SB 61	<ul style="list-style-type: none"> <li>Creates the Teen Dating Violence Prevention Education Act to provide students with the knowledge, skills, and information to prevent and respond to teen dating violence; authorizes school districts and charter schools to provide such education as part of the sexual health and health education program in grades seven through twelve and to establish a related curriculum or materials; authorizes the use of outside consultants or school personnel; authorizes age-appropriate instruction on domestic violence.</li> </ul>	Second Read and Referred to Education Committee (1/22/15)
	HB 670	<ul style="list-style-type: none"> <li>Changes the Laws regarding school course materials and instruction relating to human sexuality and sexually transmitted diseases.</li> </ul>	To House Committee on Elementary and Secondary Education (5/15/15)
	HB 1181	<ul style="list-style-type: none"> <li>Specifies that it is a crime for an individual knowingly infected with HIV to intentionally project saliva at another person.</li> </ul>	Public Hearing Scheduled, Bill not heard (4/7/15)
MT	HB 158	<ul style="list-style-type: none"> <li>Amends Section 20-5-405, MCA to add personal as well as religious exemption to vaccinations requirements to attend school.</li> </ul>	Passed House and sent to Senate Committee on Education and Cultural Resources (2/4/15)
	HB 597	<ul style="list-style-type: none"> <li>Provides appropriation for sexually transmitted disease prevention services.</li> </ul>	Introduced (3/6/15); Hearing House Appropriations Committee (3/23/15); tabled (3/24/15)
NV	SB 117	<ul style="list-style-type: none"> <li>Existing law provides a list of diseases for which a child must receive immunization as a condition to enrollment or admittance to a child care facility-- bill adds HPV and meningococcal disease to that list; amends NRS 392.435; 394.192; 432A.230.</li> </ul>	No further action allowed (4/11/15)
	AB 243	<ul style="list-style-type: none"> <li>Revises provisions relating to testing for the human immunodeficiency virus (BDR 40-117). An act relating to public health; requiring a county, provider of health care, or medical facility to ensure that a person who tests positive on a rapid test for the human immunodeficiency virus is counseled to receive a second test to confirm the result; revising the qualifications of a person that only performs certain tests for the detection of the human immunodeficiency virus in a medical laboratory; providing that the lab director of a laboratory that only conducts certain tests for the detection of human immunodeficiency virus may not be required to be a physical or perform any duties not prescribed by statute; and providing other matter properly relating thereto.</li> </ul>	Approved by Governor (5/25/15) [Chapter 176]
NH	SB 108	<ul style="list-style-type: none"> <li>Makes certain changes to the law governing the reporting of health care associated infections; this bill is a request of the department of health and human services.</li> </ul>	Committee of Conference Meeting; not signed off (6/18/15)
	HB 332	<ul style="list-style-type: none"> <li>Requires school districts to provide advance notice to parents and legal guardians of course material involving discussion of human sexuality or human sexual education.</li> </ul>	Veto Sustained (9/16/15)
	HB 1213	<ul style="list-style-type: none"> <li>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.</li> </ul>	To House Committee on Education (12/28/15)
NJ	SB 92	<ul style="list-style-type: none"> <li>Requires HIV tests for certain convicted sex offenders.</li> </ul>	To Senate Committee on Law and Public Safety (1/14/2014*)



STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
NJ	SB 148	<ul style="list-style-type: none"> <li>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.</li> </ul>	To Senate Committee on Judiciary (01/14/2014*)
	AB 388	<ul style="list-style-type: none"> <li>Requires HIV testing for pregnant women and marriage license applicants.</li> </ul>	To Assembly Committee on Women and Children (1/16/14*)
	SB 461	<ul style="list-style-type: none"> <li>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.</li> </ul>	From Assembly Committee on Women and Children (11/16/15)
	AB 497	<ul style="list-style-type: none"> <li>Exempts child under age six from hepatitis B vaccine requirement if child's mother tested negative for hepatitis B during her pregnancy</li> </ul>	To Health and Senior Services (1/16/14*)
	SB 620	<ul style="list-style-type: none"> <li>Requires insurers and state health care coverage programs to cover cost of HIV vaccine.</li> </ul>	To Senate Committee on Commerce (1/14/14*)
	AB 1163	<ul style="list-style-type: none"> <li>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.</li> </ul>	To Assembly Committee on Judiciary (1/16/14*)
	AB 1190	<ul style="list-style-type: none"> <li>Expands scope of serological testing of certain defendants to include blood-borne diseases.</li> </ul>	To Committee on Law and Public Safety (1/16/14*)
	SB 3149	<ul style="list-style-type: none"> <li>Requires narcotic and drug abuse treatment centers to offer Hepatitis C testing to clients.</li> </ul>	To Senate Committee on Health and Human Services (9/24/15)
	SB 3243	<ul style="list-style-type: none"> <li>Provides that if minor appears to have been sexually assaulted, health care professionals in addition to physicians may authorize forensic sexual assault examination and urgent medical care without parental consent.</li> </ul>	To Assembly Committee on Health and Senior Services (12/21/15)
	NM	H.M. 26	<ul style="list-style-type: none"> <li>Requests the Department of Health to convene a task force to create a statewide strategic plan designed to address the mortality and morbidity associated with hepatitis C virus.</li> </ul>
SB 362		<ul style="list-style-type: none"> <li>Relates to health; amends, repeals and enacts sections of NMSA 1978 relating to essential health services and Department of Health functions, sexually transmitted infections, conditions of public health importance, communicable diseases, isolation and quarantine and school health care oversight.</li> </ul>	Passed Senate (3/5/15)
NY	SB 117	<ul style="list-style-type: none"> <li>Encourages, through the provision of written educational materials and consultation, the voluntary vaccination against human papillomavirus (HPV) for school-aged children by their parents or guardians.</li> </ul>	To Senate Committee on Health (1/7/15)
	SB 509	<ul style="list-style-type: none"> <li>Provides for the immunization of all children born after January 1, 1996 with the human papillomavirus (HPV).</li> </ul>	To Senate Committee on Health (1/7/15)
	AB 815	<ul style="list-style-type: none"> <li>Amends the Public Health Law; provides that demonstration rates of payment for telehealth services by home health agencies, long term home health care and AIDS home care shall be paid to providers in an equitable and direct manner.</li> </ul>	To Assembly Committee on Health (1/7/15)
	SB 1017	<ul style="list-style-type: none"> <li>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.</li> </ul>	To Senate Committee on Crime Victims, Crime and Corrections (1/8/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
NY	AB 1528	<ul style="list-style-type: none"> <li>Amends the Public Health Law; provides treatment for sexually transmitted diseases to minors without a parent's or guardian's consent; provides definition for health care practitioner.</li> </ul>	To Assembly Committee on Health (1/12/15)
	SB 1816	<ul style="list-style-type: none"> <li>Requires hepatitis C virus testing of newborns.</li> </ul>	To Senate Committee on Health (1/15/15)
	AB 1822	<ul style="list-style-type: none"> <li>Amends the Public Health Law; provides for the immunization of all children born after January 1, 1996 with the human papillomavirus (HPV).</li> </ul>	To Assembly Committee on Health (1/13/15)
	AB 1832	<ul style="list-style-type: none"> <li>Amends the Social Services Law; prohibits Medicaid's use of any prior approval or preferred drug list requirement for AIDS, HIV, infection, or hepatitis C.</li> </ul>	To Assembly Committee on Health (1/13/15)
	SB 1896	<ul style="list-style-type: none"> <li>Permits a court to order HIV testing of certain defendants who assault public protection officials.</li> </ul>	Referred to Committee on Codes (1/15/15)
	AB 2170	<ul style="list-style-type: none"> <li>Amends the Public Health Law; authorizes expedited partner therapy for certain sexually transmitted infections.</li> </ul>	To Senate Committee on Health (6/2/15)
	AB 2557	<ul style="list-style-type: none"> <li>Amends the Insurance Law; provides for annual chlamydia screenings.</li> </ul>	To Assembly Committee on Insurance (1/20/15)
	AB 2265	<ul style="list-style-type: none"> <li>Protects the right of privacy of victims of sex offenses or offenses involving the transmission of the HIV virus, who are under the age of 18; provides that the gender and address of victims under the age of eighteen be kept confidential.</li> </ul>	To Assembly Committee on Governmental Operations (1/15/15)
	SB 2712	<ul style="list-style-type: none"> <li>Amends the Public Health Law; provides treatment for sexually transmitted diseases to minors without a parent's or guardian's consent; provides definition for health care practitioner.</li> </ul>	To Senate Committee on Health (1/28/15)
	SB 2996	<ul style="list-style-type: none"> <li>Creates crimes of reckless endangerment of public health with respect to HIV/AIDS transmission; creates crime of filling false instrument with respect to HIV/AIDS; provides for HIV/AIDS testing for alleged sex offenders and public health offenders; provides for contagious disease testing for persons in the custody of the department of corrections; provides that if an inmate tests positive notice shall be given to all employees that will have contact with such inmate.</li> </ul>	To Senate Committee on Codes (2/2/15)
	AB 3185	<ul style="list-style-type: none"> <li>Amends the Executive Law; provides a means for an individual, who may have been infected by the AIDS virus during the course of a crime, to receive funds from the crime victims compensation board for appropriate HIV diagnostic testing to determine if such individual had contracted HIV; defines the term "incidental exposure" to mean an exposure, other than consensual sexual contact or sharing hypodermic needles or syringes, to blood or body fluids which would place an exposed person at significant risk.</li> </ul>	To Assembly Committee on Health (1/22/15)
	AB 3195	<ul style="list-style-type: none"> <li>Requires an attending physician to provide notification to peace officers, firefighters, ambulance workers and other paid or volunteer emergency personnel of exposure to HIV infected persons where such individuals came in contact with such HIV infected persons; directs medical care facilities to develop written procedures.</li> </ul>	To Assembly Committee on Health (1/22/15)
	AB 3287	<ul style="list-style-type: none"> <li>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.</li> </ul>	From Assembly Committee on Ways and Means. Advanced to third reading cal.408 (5/21/15)
	AB 3650	<ul style="list-style-type: none"> <li>Authorizes the medical testing for infection with the AIDS virus of certain inmates applying for certain inmate privileges such as marriage, temporary release program, and family reunions; authorizes the disclosure of such test results for such purposes; authorizes the notification of correctional personnel of inmates having symptoms of AIDS; authorizes commissioner to deny access of the inmate to such privileges if they test positive.</li> </ul>	To Assembly Committee on Corrections (1/26/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
NY	SB 3900	<ul style="list-style-type: none"> <li>Relates to the administration of certain immunizations; requires immunizing agents be administered to adults by pharmacists; authorizes a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents and meningococcal disease immunizing agents, makes provisions permanent.</li> </ul>	To Senate Committee on Higher Education (2/20/15)
	AB 4256	<ul style="list-style-type: none"> <li>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.</li> </ul>	To Assembly Committee on Corrections (1/29/15)
	AB 4512	<ul style="list-style-type: none"> <li>Amends the Correction Law; relates to prenatal and postnatal care and testing and prevention of sexually transmitted diseases and HIV for prisoners.</li> </ul>	To Assembly Committee on Corrections (2/3/15)
	SB 4739	<ul style="list-style-type: none"> <li>Relates to the administration of certain immunizations; requires immunizing agents be administered to adults by pharmacists; authorizes a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents and meningococcal disease immunizing agents; makes provisions permanent.</li> </ul>	Signed (6/30/15) [Chapter 46]
	SB 4860	<ul style="list-style-type: none"> <li>Amends the Public Health Law; authorizes expedited partner therapy for certain sexually transmitted infections.</li> </ul>	To Senate Committee on Health (4/22/15)
	AB 5043	<ul style="list-style-type: none"> <li>Amends the Public Health Law; provides for HIV- related testing without consent of the subject or another authorized to give consent where health care or other worker is potentially endangered; authorizes disclosure of confidential HIV-related information by a health care facility to a physician and by a physician to an endangered worker in such cases.</li> </ul>	To Assembly Committee on Health (2/12/15)
	AB 5094	<ul style="list-style-type: none"> <li>Creates the offense of reckless infection of a patient with a communicable disease by a health care provider.</li> </ul>	To Committee on Codes (2/12/15)
	AB 5300	<ul style="list-style-type: none"> <li>Creates crimes of reckless endangerment of public health with respect to HIV/AIDS transmission; creates crime of filling false instrument with respect to HIV/AIDS; provides for HIV/AIDS testing for alleged sex offenders and public health offenders; provides for contagious disease testing for persons in the custody of the department of corrections; provides that if an inmate tests positive notice shall be given to all employees that will have contact with such inmate.</li> </ul>	To Committee on Codes (2/17/15)
	AB 5442	<ul style="list-style-type: none"> <li>Amends the Insurance Law; requires health care service plans and health insurers to provide insurance coverage for human immunodeficiency virus (HIV) testing.</li> </ul>	To Assembly Committee on Insurance (2/25/15)
	SB 5528	<ul style="list-style-type: none"> <li>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.</li> </ul>	To Senate Committee on Insurance (5/14/15)
	AB 6662	<ul style="list-style-type: none"> <li>Requires a prescription for the sale of home HIV/AIDS testing devices that do not require lab testing; provides that sale includes civil penalty of five hundred dollars per violation.</li> </ul>	To Assembly Committee on Health (3/30/15)
	AB 6873	<ul style="list-style-type: none"> <li>Amends the Public Health Law; relates to the control and reporting of communicable diseases.</li> </ul>	To Assembly Committee on Health (4/7/15)
	AB 7027	<ul style="list-style-type: none"> <li>Amends the Criminal Procedure Law; relates to the testing of certain criminal defendants for HIV.</li> </ul>	To Assembly Committee on Codes (4/20/15)
	AB 7046	<ul style="list-style-type: none"> <li>Relates to the administration of certain immunizations; requires immunizing agents be administered to adults by pharmacists; authorizes a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents and meningococcal disease immunizing agents; makes provisions permanent.</li> </ul>	To Assembly Committee on Higher Education (4/21/15)
OH	SB 101	<ul style="list-style-type: none"> <li>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.</li> </ul>	To Senate Committee on Health and Human Services (3/4/15)
	HB 124	<ul style="list-style-type: none"> <li>Prescribes without examination a drug for a sexual partner of a patient with chlamydia, gonorrhea, or trichomoniasis.</li> </ul>	Enrolled (12/14/15)



STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
OH	HB 132	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	To House Committee on Health and Aging (4/14/15)
PA	HB 59	<ul style="list-style-type: none"> <li>• Provides for hepatitis C testing and treatment and for duties of the Department of Health.</li> </ul>	Passed House (2/24/15)
	HB 106	<ul style="list-style-type: none"> <li>• Amends act of November 29, 1990 (P.L. 585, No. 148), known as the Confidentiality of HIV-Related Information Act; provides for prevention of transmission of infectious diseases and for confidentiality of records.</li> </ul>	To House Committee on Judiciary (1/21/15)
	SB 423	<ul style="list-style-type: none"> <li>• Provides for hepatitis C testing and treatment and for duties of the Department of Health.</li> </ul>	Introduced (2/9/15)
	SB 135	<ul style="list-style-type: none"> <li>• Provides for the prevention, detection, treatment and follow-up of cases of hepatitis B among State and local law enforcement officers, firefighters, paramedics, emergency medical technicians, ambulance attendants, first responders and health professionals.</li> </ul>	Introduced (1/14/15)
	HB 337	<ul style="list-style-type: none"> <li>• Amends the Act of Feb 13, 1970 (P.L. 19, No.10), entitled "An act enabling certain minors to consent to medical, dental and health services, declaring consent unnecessary under certain circumstances;" provides for mental health treatment.</li> </ul>	Passed House (6/9/15); To Senate Committee on Public Health and Welfare (6/12/15)
	HB 1707	<ul style="list-style-type: none"> <li>• Provides for cytomegalovirus education and newborn testings; relates to the CMV Education and Newborn Testing Act; provides for dissemination of information on CMV in culturally and linguistically appropriate services; provides that a health care practitioner that assumes responsibility for the prenatal care of pregnant women or women who may become pregnant shall provide the educational information regarding CMV; provides a religious exemption; requires such testing of newborns who fail a hearing test.</li> </ul>	To House Committee on Health (11/17/15)
RI	SB 338	<ul style="list-style-type: none"> <li>• Would create a criminal offense for knowingly transmitting HIV to another person.</li> </ul>	To Senate Committee on Judiciary (2/12/15)
	SB 381	<ul style="list-style-type: none"> <li>• Would remove the religious beliefs exemption from the requirement that all pupils in a public or private school in this state be immunized and/or tested for communicable diseases. This act would take effect upon passage.</li> </ul>	Committee recommends measure to be held for further study (3/26/15)
	HB 5217	<ul style="list-style-type: none"> <li>• Relates to health and safety - generation - transportation - storage - treatment - management and disposal of regulated medical waste (requires hospitals and pharmacies to provide sharps containers for public use.)</li> </ul>	Committee recommended measure be held for further study (2/10/15)
	HB 5245	<ul style="list-style-type: none"> <li>• Would create a criminal offense for knowingly transmitting HIV to another person.</li> </ul>	Committee recommended measure be held for further study (2/24/15)
SC	SB 278	<ul style="list-style-type: none"> <li>• Enacts the Cervical Cancer Prevention Act; provides that beginning with the 2015-2016 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.</li> </ul>	To Senate Committee on Medical Affairs (1/13/15)-- reported favorably with amendment (3/10/15); Committee amendment adopted on Senate floor (3/11/15)
	HB 3204	<ul style="list-style-type: none"> <li>• Enacts the Cervical Cancer Prevention Act; provides that beginning with the 2015-2016 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 this 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.</li> </ul>	Passed House (3/19/15); Read second time in Senate (5/28/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
SD	HB 1058	<ul style="list-style-type: none"> <li>Revises provisions regarding contagious disease control quarantine measures; relates to a common carrier doing business across state borders; authorizes inspection of such conveyances and quarantine of all persons and luggage in the conveyance if found to be contaminated or containing a disease-causing agent; provides penalties for a person who intentionally exposes himself or herself or another person infected with any contagious communicable disease in any public place.</li> </ul>	Signed by Governor (3/12/15)
	HB 1059	<ul style="list-style-type: none"> <li>Requires a provider to verbally notify a patient, or if the patient is a minor, the patient's parent or guardian, of the patient's ability to refuse to permit immunization information to be shared.</li> </ul>	Signed by Governor (3/13/15)
TN	SB 20/HB 20	<ul style="list-style-type: none"> <li>Expands presumptive disability in acquiring certain infectious disease in the line of duty by emergency rescue workers to include the hepatitis C virus.</li> </ul>	Signed by Governor (4/24/15) [Chapter No. 289]
	HB 539	<ul style="list-style-type: none"> <li>Relates to Children; requires certain screenings for cytomegalovirus for certain women and new borns.</li> </ul>	Introduced (1/10/15); referred to Senate calendar (4/1/15)
TX	HB 65	<ul style="list-style-type: none"> <li>Provides that a county, hospital district, or contracting organization may establish a disease control pilot program to prevent the spread of HIV, hepatitis B, hepatitis C, and other infectious and communicable diseases; provides that such programs may include outreach programs that provide for exchange of used syringes, offer certain education, and assist participants in obtaining health care and other services, includes substance abuse treatment and bloodborne disease testing services.</li> </ul>	Passed House (5/13/15); Referred to Senate Committee on Health and Human Services (5/21/15)
	HB 50	<ul style="list-style-type: none"> <li>Relates to certain diseases or illnesses suffered by firefighters and emergency medical technicians; provides that a firefighter or emergency medical technician who suffers from AIDS, HIV infection, hepatitis B, or hepatitis C is presumed to have contracted the disease or illness during the course and scope of employment if the firefighter or emergency medical technician meets certain criteria.</li> </ul>	Introduced (1/13/15); Left pending in Committee (4/14/15)
	HB 467	<ul style="list-style-type: none"> <li>Relates to education programs regarding AIDS and HIV infection.</li> </ul>	Introduced (1/13/15)
	HB 1282	<ul style="list-style-type: none"> <li>Relates to a human papillomavirus-associated cancer strategic plan developed by the Department of State Health Services.</li> </ul>	Passed House (4/30/15); Referred to Senate Health and Human Services Committee (5/4/15)
	HB 468	<ul style="list-style-type: none"> <li>Relates to the capacity of certain minors to consent to examination or medical treatment related to contraception.</li> </ul>	To House Committee on State Affairs (2/12/15); Left pending in Committee (3/18/15)
	HB 2646	<ul style="list-style-type: none"> <li>Relates to the disclosure of information regarding communicable diseases to first responders; provides that information linking a person who is exposed to a person with a communicable disease may be released with consent to government entities that provide first responders and to a local health department; provides for minimum information; provides that local first responders may be provided the address of a person being monitored and such information shall be removed after the monitoring period expires.</li> </ul>	Signed by Governor (6/17/15); Filed with Secretary of State, Chapter No. 789 (7/31/15)
	SB 194	<ul style="list-style-type: none"> <li>Authorizes a person to opt-out of HIV testing in routine medical screenings; requires a health care provider to so inform a person of their option to opt-out of the test; specifies that a health benefit plan may not exclude or deny coverage for the performance of medical tests of procedures to determine HIV infection, antibodies to HIV, or infection, regardless to whether the test or procedure is related to a primary diagnosis; provides any standard plan must include certain coverage.</li> </ul>	To Senate Committee on Health and Human Services (1/13/15) [Died in Committee]
	SB 480	<ul style="list-style-type: none"> <li>Relates to the administration of a medication, immunization, or vaccination by a pharmacist.</li> </ul>	To Senate Committee on Health and Human Services (2/10/15)

STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
TX	SB 1128	<ul style="list-style-type: none"> <li>Relates to certain diagnostic testing during pregnancy, includes blood samples; relates to testing for syphilis; provides for syphilis tests from a newborn child if such information is not in the mother's medical records; requires reporting on the number of cases that were diagnosed in the state.</li> </ul>	Signed by Governor (5/28/15); Filed with Secretary of State, Chapter No. 206 (7/6/15)
	HB 2906	<ul style="list-style-type: none"> <li>Relates to certain diagnostic testing during pregnancy.</li> </ul>	To House Committee on Public Health (3/16/15); scheduled for public hearing (4/14/15); Left pending in committee (4/14/15); Committee report printed and distributed (4/30/15); Considered in calendars (5/5/15); Placed on General State Calendar (5/8/15); In House tabled (5/11/15)
	SB 791	<ul style="list-style-type: none"> <li>Relates to testing for and education about congenital cytomegalovirus in infants; develops and publishes informational materials on the websites for women who may become pregnant, expectant parents, and parents of infants regarding the incidence of such infection, the transmission to pregnant women and women who may become pregnant, birth defects caused by such infection, available preventative measures to avoid such infection, and resources available for families of children born with the infection.</li> </ul>	Signed by Governor (6/19/15); Filed with Secretary of State, Chapter No. 1163 (8/5/15)
UT	SB 113	<ul style="list-style-type: none"> <li>Modifies the Utah Criminal Code regarding exposure of an alleged victim to conduct posing a risk of HIV transmission.</li> </ul>	Signed by Governor (3/20/15)
VT	SB 53	<ul style="list-style-type: none"> <li>Relates to reportable disease registries and data.</li> </ul>	To Senate Committee on Health and Welfare (1/30/15)
	HB 98	<ul style="list-style-type: none"> <li>Relates to reportable disease registries and data; allows the Commissioner of Health to provide confidential information from Vermont's Cancer Registry to National Breast and Cervical Cancer Early Detection Program; requires data on HIV or AIDS to be stored on networked computers; expands access to student's immunization records to a school administrator; enables interstate sharing of records within the State's Immunization Registry.</li> </ul>	Signed by Governor (5/28/15)
	HB 266	<ul style="list-style-type: none"> <li>Relates to evidence of immunization at primary and secondary schools.</li> </ul>	To House Committee on Health Care (2/20/15)
VA	HB 1792	<ul style="list-style-type: none"> <li>Relates to HIV testing of gamete donors; relates to testing protocol; repeals the requirement for HIV testing of gamete donors in accordance with regulations of the Board of Health that establish a testing protocol for such donors.</li> </ul>	Signed into law (3/17/15) [Chapter 301]
	HB 1587	<ul style="list-style-type: none"> <li>Relates to deemed consent for blood testing and minors; provides that in cases in which a school board employee is directly exposed to body fluids of a minor, the minor will not be deemed to have consented to blood testing for HIV or the hepatitis B or C virus and the school board must obtain consent from a parent or guardian to obtain a specimen for testing.</li> </ul>	Passed House (2/5/15); Passed Senate (2/16/15); Eligible for Governor's desk (2/19/15); Governor: Acts of Assembly (3/1/15) [Chapter No. 51]
WA	SB 5506	<ul style="list-style-type: none"> <li>Includes information on preventing sexual abuse and violence in sexual health education.</li> </ul>	By resolution, reintroduced and retained in present status (6/28/15)
	H.J.M 4002	<ul style="list-style-type: none"> <li>Requests Governor Inslee take steps to reduce the rate of new HIV diagnosis and assist individuals living with HIV and AIDS.</li> </ul>	Public Hearing Scheduled (2/5/15)



STATE	BILL NUMBER	SUBJECT/ANALYSIS	FINAL STATUS
WA	SB 5728	<ul style="list-style-type: none"> <li>• Allows patients to opt out of HIV testing.</li> </ul>	By resolution, reintroduced and retained in present status (6/28/15)
	HB 1128	<ul style="list-style-type: none"> <li>• Allows for the collection of DNA from adults arrested for a ranked felony or a gross misdemeanor violations of certain orders.</li> </ul>	By resolution, reintroduced and retained in present status (6/28/15)
WV	SB 20	<ul style="list-style-type: none"> <li>• Allows public health agencies to bill patients for STD and HIV testing.</li> </ul>	To Senate Committee on Health and Human Resources (1/14/15) [Dead]
	HB 2046	<ul style="list-style-type: none"> <li>• Bill to amend Code of West Virginia, 1931, as amended, by adding thereto a new article (Section 16-4F-1, 16-4F-2, 16-4F-3, 16-4F-4, and 16-4F-5; to amend and reenact Section 30-3-14 of said code; to amend and reenact Section 30-3E-3 of said code; to amend and reenact Section 30-5-14 of said code; to amend and reenact Section 30-7-15a of said code; and to amend and reenact Section 30-14-11 of said code, all relating to treatment for sexually transmitted diseases, providing for expedited partner therapy; defining terms; permitting prescribing of antibiotics to sexual partners of a patient without a prior examination of the partner; requiring patient counseling; establishing counseling criteria; requiring informational materials be prepared by the Department of Health and Human Resources; providing limited liability for providing expedited partner therapy; requiring rulemaking; and providing that physicians, physicians assistants, pharmacists and advanced practice registered nurses are not subject to disciplinary action for providing certain treatment for sexually transmitted disease for sexual partners of a patient.</li> </ul>	House Committee on Health and Human Resources recommended do pass but first to House Committee on Judiciary (1/21/15)
	SB 232	<ul style="list-style-type: none"> <li>• Provides for expedited partner therapy.</li> </ul>	To Senate Committee on Health and Human Resources (1/14/15)



National Coalition of STD Directors

*Promoting Sexual Health  
Through STD Prevention*

National Coalition of STD Directors (NCSDDC)  
1029 Vermont Ave NW, Suite 500  
Washington, DC 20005  
[www.ncsddc.org](http://www.ncsddc.org)  
[statepolicy@ncsddc.org](mailto:statepolicy@ncsddc.org)  
Follow us on Twitter! @NCSDDC