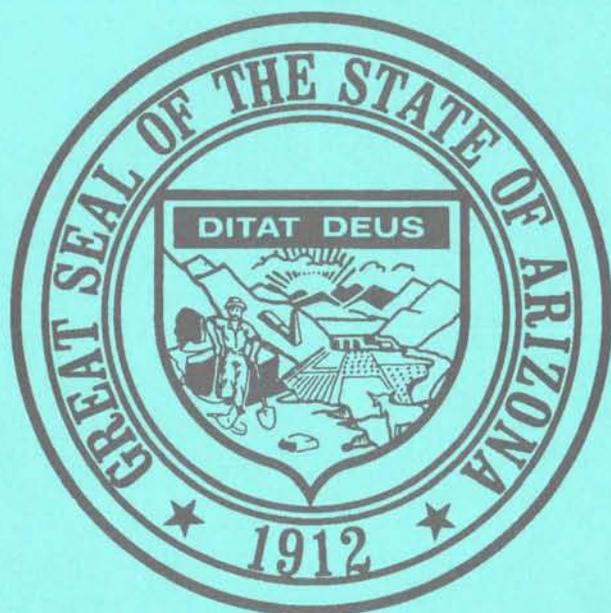


STATE OF ARIZONA
GOVERNOR'S TASK FORCE ON AIDS



PROGRESS REPORT

DECEMBER 1990

ROSE MOFFORD
Governor



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Governor

STATE OF ARIZONA
GOVERNOR'S TASK FORCE ON AIDS

JANE AIKEN
Chair

December 11, 1990

The Honorable Rose Mofford
Governor of the State of Arizona
The State Capitol
Phoenix, Arizona 85007

Dear Governor Mofford:

I am pleased to deliver the Oversight Committee Report of your Task Force on AIDS. This Committee began in January, 1990 to monitor the State and community response to the comprehensive plan generated by the Task Force on AIDS.

This report examines the legislative impact of HB 2173, the AIDS Omnibus Bill as well as recommending future legislative strategies that will further Arizona's response to HIV disease. The Oversight Committee is pleased to report that HB 2173 represents a progressive policy response for our state.

The analysis and recommendations contained in this report resulted from extensive review and data collection from state agencies and community based groups. The recommendations set forth in this document further refine the 1989 Task Force Report.

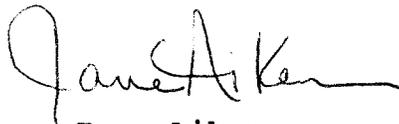
The Oversight Committee recognizes that these recommendations are very encompassing. In this document and the prior Task Force Report we recommend a great deal, recommendations that will cost money, and will change the response to HIV within the state of Arizona. The Oversight Committee acknowledges that not all will get done. This is a plan, a working document. We hope that policy makers will respond to this plan and utilize what is feasible, affordable and shape the response to HIV within this state.

The Honorable Rose Mofford
Governor of the State of Arizona
Date
Page 2

This document, when used jointly with the 1989 Task Force Report represent both a long range strategy and evaluation of early implementation of this plan. The task ahead is to continue to evaluate and plan the implementation of these recommendations. This will require additional input and the Committee has recommended a HIV Planning Council to be an ongoing entity to forward this process.

This report represents a tremendous amount of input from state agencies, community based organizations, and citizens whose lives are affected by HIV disease. Their work and contributions have been invaluable to the work and progress of this Committee and I thank them. We urge you to appoint an HIV Planning Council to work with policy makers in Arizona, and to implement a state strategic plan.

Sincerely,



Jane Aiken
Chair



Jan Kenney
Co-Chair

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THE GOVERNOR'S TASK FORCE ON AIDS OVERSIGHT COMMITTEE

EXECUTIVE SUMMARY

In December 1989, the Oversight Committee was formed. The charge to the committee was to advocate for and evaluate the state and community response to the comprehensive plan generated by the Governor's Task Force on AIDS. The Oversight Committee's work initially focused on advocacy for the passage of legislative bills which supported the Task Force recommendations. The second half of the work of the Oversight Committee was devoted to an evaluation of the state's movement toward the recommendations made by the full Task Force and identification of the obstacles to progress.

In the past year several important events have occurred to move Arizona forward in implementing the strategic plan outlined by the Task Force:

- * Passage of HB 2173, the AIDS Omnibus Bill, which addresses a broad range of areas including confidentiality, workman's compensation, victim's rights, and insurance issues. This bill represents a forward move for the state.
- * Passage of HB 2352 which establishes expedited placement and adoption for children with HIV disease.
- * Regulatory proposals, to address implementation of HB 2173, have been drafted by the Department of Insurance and the Industrial Commission.
- * The Department of Health Services passed rules and regulations to ensure the continuance of anonymous testing and emergency rules to address informed consent.
- * The Department of Health Services has recently been awarded funding to provide services in the area of home health care for persons living with HIV disease.
- * There has been a statewide growth in HIV/AIDS coalitions for both coordination and seeking of funding.
- * The majority of state agencies reported that HIV education has either been undertaken or plans are underway to address this area.

With the passage of the AIDS Omnibus Bill, Arizona is moving from concerns about issues of confidentiality toward resource and service concerns. During the past year the committee has noted a decline in community based organizations nationally who have provided care and prevention services for those affected by HIV. The State of Arizona has also experienced this national trend with the closure of three major community based HIV projects. The Oversight Committee recommendations have identified three areas of concentration for the future of HIV policy and program development.

PLANNING FOR THE EFFECTIVE USE OF RESOURCES

During the course of evaluating the agency and community response to the 1989 Task Force Report the issue of planning repeatedly emerged, especially as this planning focused on the use of resources. This report outlines areas where planning and further community input can be beneficial to the State of Arizona. These areas include:

- * Mechanisms to fund county health departments using criteria that acknowledge the differences between regions of this state and their need for HIV treatment and prevention efforts.
- * Effective program development to address HIV prevention and treatment issues in ethnic minority communities.
- * Programmatic development for specific needs and challenges in addressing populations including gay/bisexual, women and children, minority, drug and alcohol users, and chronically mentally ill.
- * Development of effective and compassionate services for individuals living with HIV disease that require funding and coordination by appropriate state agencies.
- * Decreasing the over-reliance on federal funds through additional funding from local, state, and private resources.
- * Additional community input via work groups and Task Forces to address specific areas including: development of an Office on Minority Health, Advisory Committee of Law Enforcement agencies, Case Management Work Group, and Long Term Care Task Force.

To assist with the development of planning and coordination issues the Oversight Committee has two clear recommendations that should be given immediate priority. The first is the creation of an HIV Planning Council to address policy and programmatic issues and the

implementation of the strategic plan. The second is to address the area of state appropriations for HIV programs. Both of these recommendations are critical to the development of programs and plans to meet the future of Arizona's citizens whose lives are affected by HIV disease.

IMPROVING EDUCATION AND PREVENTION EFFORTS

The Task Force addressed the area of HIV school based education last year with a mandatory HIV education bill. This bill was amended to dilute the public health intent of the bill and subsequently died in committee. The Oversight Committee believes that this bill needs to be reintroduced during the next legislative session.

Additionally, the AIDS Omnibus Bill contained language, as originally drafted, that would have required mandatory one time education for licensed health care professionals. This bill was amended in the Senate and this section was deleted. The Oversight Committee has heard from numerous individuals and groups that this concept continues to be needed. The Oversight Committee believes that this issue should be revisited.

The Oversight Committee has recommended development of education that will reach rural health care providers, and provide a consultative network for physicians to use.

In the area of education and prevention, there is a pressing need for efforts directed toward specific populations, including gay/bisexual men, women, adolescents, and IV drug users. The committee heard from community groups who were developing new and creative programs. New approaches include using consortium models, outreach models, peer models, and empowerment models. The committee also saw and heard about problems with lack of services, lack of adequate funding, and lack of coordination. Education and prevention efforts are crucial to the state in order to stop the spread of HIV disease. Current prevention efforts in this state rely mainly on federal funding. Such reliance is inadequate and short-sighted. For every HIV case we are able to prevent now, we will decrease the suffering and costs for many in our state.

ENSURING ADEQUATE TREATMENT

Treatment and services for persons living with HIV disease represent a concern reflected in both reports. Treatment issues include the provision of appropriate services that are accessible and provided by health care personnel who are HIV knowledgeable. The committee recommends the following:

- * Legislation that will provide for the state payment of COBRA premiums to maintain private health insurance benefits. This policy change should be examined and criteria developed that will address this area for persons with catastrophic need that includes but is not limited to HIV disease.
- * State funding for treatment and care provision. To not provide treatment may prove more costly in the long run for our state.
- * Development of a fellowship program to address the needs of physicians in gaining education and training in the treatment of persons with HIV disease.
- * Assurance that health care providers through the state AHCCCS plans are HIV knowledgeable.
- * Service coordination through a case management system has proven efficacious in order to improve services and address cost containment issues. Case management within this state is in early development and further work, coordination, and studies are recommended to advance this area.

CONCLUSION

The Oversight Committee Report has taken considerable time, effort, and research to determine whether Task Force recommendations are moving forward in both state agencies and the community. The Committee received over forty written reports, as well as numerous verbal reports, regarding the recommendations from the 1989 Task Force Report. The Committee is indebted to those individuals, groups, and agencies who responded to the request for information and data. The Oversight Committee is acutely aware of resource and budgetary restraints faced by our state. Recommendations have been developed to address resource and funding issues. The report suggests further legislation, consideration of new policy areas, program development, and service delivery systems. All recommendations included in this Report were approved unanimously. The Report has built upon the 1989 Task Force Report and this report represents a further refinement of the initial recommendations. The Committee, in not restating the original recommendations, recognizes that the new recommendations do not replace or de-emphasize the original report recommendations. This report and the long term strategy outlined assist Arizona to move forward in a cost-effective and compassionate manner to serve the citizens whose lives are impacted by HIV disease.

OVERSIGHT COORDINATING COMMITTEE

In November of 1989, the Governor's Task Force on AIDS submitted a full report to Governor Mofford, which included over 100 recommendations addressed to state agencies, county health departments and community based organizations. Upon acceptance of the report the Governor selected a twenty one member Oversight Committee to monitor the progress of the Task Force recommendations addressed to State Government Agencies and other organizations. The Committee was also charged with monitoring the status of proposed AIDS legislation and producing a final progress report. The committee membership includes thirteen members of the standing Task Force and eight additional members who served previously as resource people to the Task Force. The members were assigned to participate in sub-committees, covering legislation, policy, and costs.

The Oversight Coordinating Committee participated in a number of important activities, including:

- * The Junior League of Phoenix AIDS Symposium and luncheon, with guest, former Surgeon General Dr. C. Everett Koop.
- * The 1990 Legislative session supporting proposed AIDS legislation recommended by the Governor's Task Force On AIDS.
- * "Broadcasters Respond To AIDS" briefing organized by Communications Technologies of San Francisco for the Phoenix Chapter of the National Association of Broadcasters. Oversight Coordinating Committee members took part in the coordination of this event, and the panel discussion.
- * The National Parents Council on AIDS, annual meeting, with members of the Oversight Coordinating Committee as speakers and panel participants.
- * AIDS Coalitions, newly formed in response to the Task Force report recommendations and concerns.

The Oversight Coordinating Committee worked closely with the Department of Health Services, coordinating strategy and developing position papers on proposed legislation. The committee also worked with DHS to assure participation in the public hearings on DHS rules regarding anonymous testing and school notification. The Committee requested progress reports from state government agencies, county health departments and community organizations.

The following progress reports were received from:

State Agencies

Arizona Health Care Cost Containment System (AHCCCS)

Department of Corrections (DOC)

Department of Economic Security (DES)

Department of Education (DOE)

Department of Health Services (DHS)

Department of Insurance (DOI)

Department of Public Safety (DPS)

Arizona Disease Control Research Commission

County Health Departments

Maricopa County HRSA Case Management System

Pima County HRSA Planning Project

Apache County

Mohave County

Cochise County

Navajo County

Coconino County

Gila County

Greenlee County

Pima County

Graham County

Pinal County

La Paz County

Santa Cruz

Maricopa County

Yavapai County

Yuma County

Community Based Organizations

Arizona AIDS Information Line

Arizona AIDS Project (AAP)

Central Navajo AIDS Coalition

CODAC

Community Organization For Drug Abuse Control

CODAMA

Community Organization For Drug Abuse Mental Health And
Alcoholism Services

Concilio Latino De Salud

COPASA

Community Outreach Project On AIDS In Southern Arizona
Greater Phoenix Affordable Health Care Foundation (GPAHC)

Hemophilia Association

Indian Community Health Services

Inter Tribal Council Of Arizona

Junior League Of Phoenix

National WARN Project

People with AIDS Coalition of Tucson

Phoenix Shanti Group

Phoenix Urban League

Planned Parenthood Of Central And Northern Arizona

Planned Parenthood Of Southern Arizona

Tucson AIDS Project (TAP)

Tucson Minority Consortium

University Of Arizona AIDS Education Program

During the review of progress reports and identification of work accomplished by both state agencies and community based organizations the Oversight Committee selected thirteen priority areas for additional attention. This does not represent a de-emphasis of the other recommendations in the 1989 Task Force report.

The Oversight Committee acknowledges that their first six months of work focused, by necessity, on the passage of House Bill 2173 and the legislative process which required a concentrated effort by Oversight Committee members and a broad base of community representation.

The Oversight Committee worked in groups to refine those areas covered in this report in order to develop further recommendations. Additional information was gathered by committee members who personally contacted or worked with state agencies and community based organizations to ensure accuracy of facts represented in this report. The Oversight Committee worked throughout the summer to gather and analyze information for the report. The Committee of the whole met twice in the fall to review the documents and recommendations. Final recommendations, after revision, were voted on by the Committee. Committee members unanimously approved recommendations. The Report recommendations represent the critical concerns addressed by the Committee during the past year.

**Oversight Coordinating Committee
February 1990 - October 1990
Meeting Schedule**

Office of the Governor
1700 West Washington Street
Phoenix, Arizona
8th Floor Conference Room
February 9, 1990
March 9, 1990
April 11, 1990

Basement Conference Room
May 9, 1990
June 13, 1990
September 12, 1990
September 26, 1990
October 2, 1990

Arizona Department of Health Services
1740 West Adams
Phoenix, Arizona
Conference Room A, Fourth Floor
October 16, 1990

HIV/AIDS IN ARIZONA

The HIV and AIDS epidemic continues to worsen in Arizona. A total of 1,262 cumulative cases of AIDS had been diagnosed and reported in Arizona by October 1, 1990. An additional 363 cases of AIDS Related Complex (ARC), 2,482 identifiable HIV-positive test results, and 601 anonymous HIV-positive test results (anonymous HIV tests are not included statistically with confidentially reported HIV tests in order to avoid duplication) had been diagnosed and reported by October 1, 1990. Overall, 60 percent of Arizonans diagnosed with AIDS have died.

Although some leveling of the rate of the initially exponentially increasing epidemic has been seen, each year's annual AIDS cases continue to exceed those of the previous year. In 1989, 308 new cases of AIDS were diagnosed, compared to 279 cases in 1988 and 255 cases in 1987.

Arizona continues to rank 22nd among states in the total number of AIDS cases: however, Arizona's AIDS case rate over the past year (September 1989 - August 1990) of 10.5 per 100,000 population exceeds those of some other states with greater cumulative numbers of AIDS cases such as Illinois (9.7 per 100,000) and Pennsylvania (9.6 per 100,000). Over the same time period, the rate per 100,000 population in metropolitan Phoenix (13.5) and Tucson (9.6) compare remarkably to large urban areas often thought of as having a significant AIDS caseload such as Chicago (15.1) and the suburbs of Los Angeles of Anaheim (15.1) and Riverside/San Bernardino (10.3). These rates in Phoenix and Tucson exceed the rates seen in the urban cities of Detroit (8.5) and Pittsburgh (6.8). The most current rate of 13.5 per 100,000 population in Phoenix exceeds the annual case rate of 11.6 per 100,000 seen in Los Angeles during the calendar year 1985, less than five years ago.

The largest concentration of diagnoses of AIDS occurs in the 30-39 year age group. National studies indicate that the average length of time from infection with HIV to development of AIDS is 10 years or longer. Thus, it is not surprising that the highest concentration of diagnoses of ARC and asymptomatic HIV infection include individuals in their twenties as well as their thirties.

AIDS cases continue to be overwhelmingly male. The male-to-female ratio of AIDS diagnoses is 24 men to 1 woman in 1989. Fewer women were diagnosed with AIDS in 1989 as compared to 1988. Women represent about 10 percent of the HIV asymptomatic cases reported. Of women who are HIV infected about half report IV drug use as the risk factor and one third report heterosexual contact. Since 77 percent of all women reported with HIV infection are between the ages of 20 and 40 potential exists for perinatal HIV infection in this group.

The following Figure 1 examines HIV cases, including ARC and AIDS, by risk behavior:

ARIZONA HIV INFECTIONS BY TRANSMISSION GROUP

Transmission Group	AIDS	ARC	HIV+	TOTAL (%)
Gay or Bisexual Men	823	233	1041	2097 (69)
IV Drug User	94	36	242	373 (11)
Gay/IV Drug User	134	25	84	243 (8)
Hemophiliac	21	7	32	60 (2)
Heterosexual Contact	29	12	95	136 (4)
Transfusion with Blood	49	16	62	127 (4)
Parent at Risk or w/HIV	3	0	8	11 (<1)
Other/Unknown	49	25	907	981*
TOTAL	1203	354	2471	4028

* 24% had unknown/other risk, not included in (%)

As of 06/30/90

ADHS Office of HIV/AIDS Services

FIGURE 1

Of the 1,262 AIDS cases, 1,066 (84 percent) were White, compared with 126 (10 percent) Hispanic and 50 (4 percent) Black. Using 1980 census data, these represent cumulative rates per 100,000 population of 52.6 among Whites, 28.6 among Hispanics, and 68.2 among Blacks. Importantly, the AIDS incidence rate among Blacks has been increasing rapidly in relation to rates among Whites and Hispanics.

Arizona AIDS cases when evaluated for risk behaviors found within ethnic categories shows: Figure 2

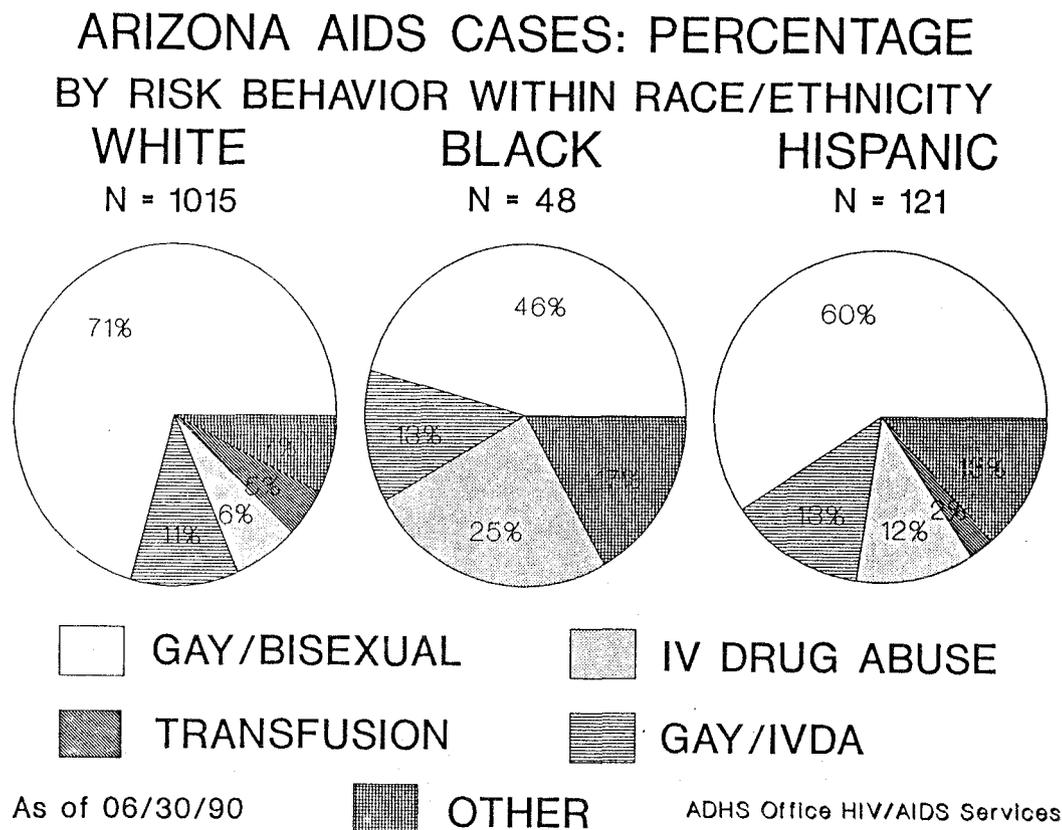
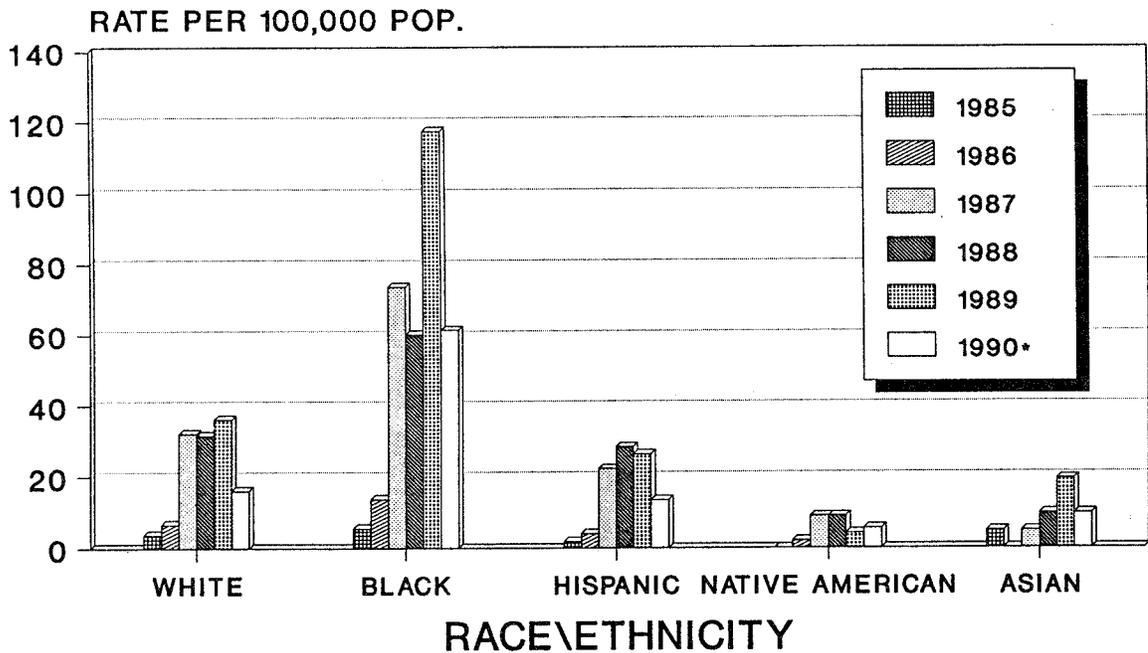


FIGURE 2

This data is significant due to the changes in the risk behavior of IV drug use and gay/bisexual. Fully one fourth of Blacks with AIDS report IV drug use as the probable mode of transmission, whereas Hispanics report 12 percent and whites report 6 percent. Obviously there is a implication for outreach and intervention.

The following Figure 3 summarizes HIV infections by Race/Ethnicity:

Arizona HIV Infections Race Specific Rates By Year of Report



*As of 07/31/90

FIGURE 3

Geographically, the largest concentration of AIDS cases continues to be in Maricopa County, followed by Pima County. However, all counties have reported at least one case of AIDS. The following Table 1 and Figure 4 summarize data reflecting the impact of AIDS on the counties within Arizona. Maricopa County continues to report increases in numbers of AIDS cases.

ARIZONA HIV INFECTIONS By County of Residence

COUNTY	AIDS	ARC	HIV	TOTAL
APACHE	5	1	2	8
COCHISE	9	6	42	57
COCONINO	8	-	15	23
GILA	4	-	3	7
GRAHAM	3	2	3	8
GREENLEE	-	-	-	-
LA PAZ	3	1	6	10
MARICOPA	891	295	1514	2700
MOHAVE	11	-	24	35
NAVAJO	4	-	1	5
PIMA	222	35	475	732
PINAL	11	2	22	35
SANTA CRUZ	2	1	3	6
YAVAPAI	13	-	22	35
YUMA	15	5	49	69
UNKNOWN	2	6	289	297
TOTAL	1203	354	2471	4028

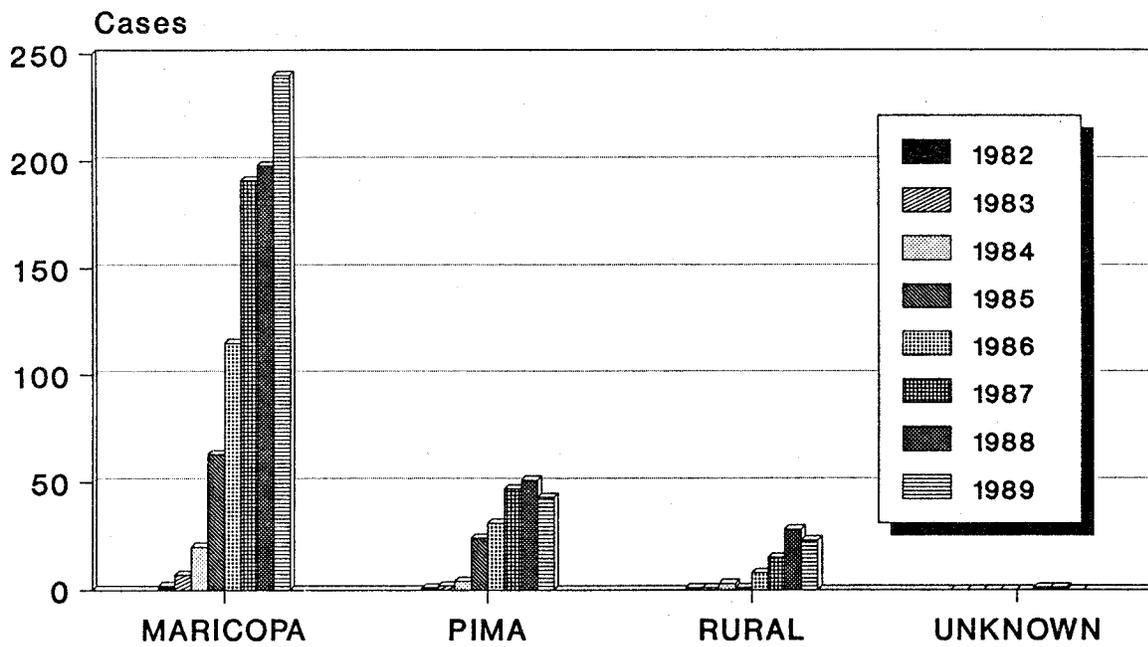
As of 06/30/90

ADHS Office of HIV/AIDS Services

TABLE 1

Arizona AIDS Cases

Cases by Rural and Metropolitan Counties by Year of Diagnosis



As of August 31, 1990

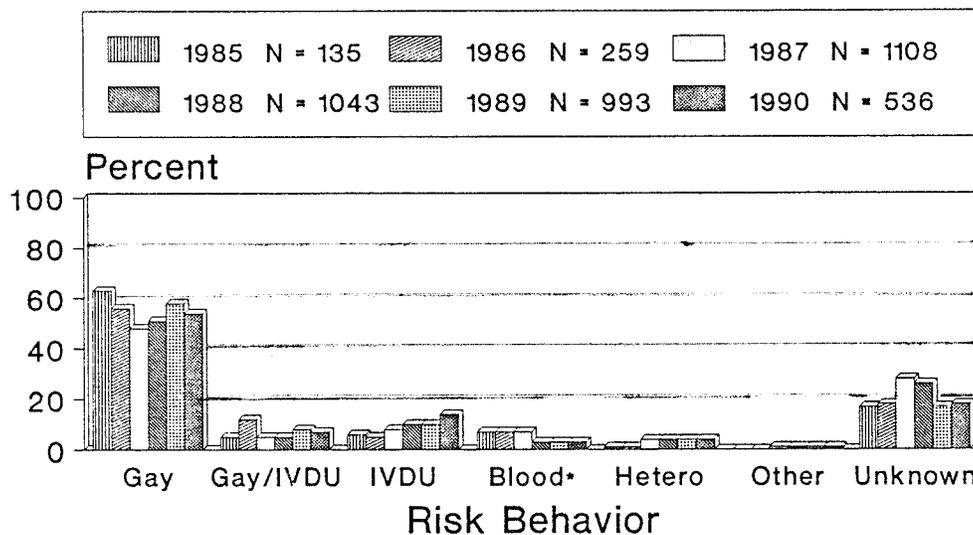
ADHS Office of HIV/AIDS Services

FIGURE 4

Homosexual and bisexual men have continued to comprise a majority of reported AIDS cases in Arizona (see Figures 1 and 5). HIV seropositive case data reported to the Arizona Department of Health Services (ADHS) suggest that this trend will continue, since homosexual and bisexual men comprise 71 percent of those reported with asymptomatic HIV infection (see Figure 2 and Figure 5).

AIDS cases diagnosed among intravenous drug users have been increasingly reported. In 1988, 12 percent of all cases claimed intravenous drug use as their sole risk behavior. This compares to 6 percent claiming the same in 1985. This increase raises concerns that increasing HIV infection among intravenous drug users may accelerate the spread of HIV infection into the heterosexual population. Data from an on-going blinded HIV seroprevalence study, being conducted by ADHS in two Phoenix drug treatment centers, indicate that the current level of HIV infection among intravenous drug users seeking treatment is low, around 3 percent. Similar studies in New York and New Jersey have found much higher rates among intravenous drug users, some in excess of 50 percent. This suggests that timely prevention efforts among intravenous drug users may avoid high infection rates.

Arizona HIV Infection Percentage by Risk Behavior and Year of Report



* Includes hemophilia and transfusions
As of 07/31/90

ADHS Office of HIV/AIDS Services

FIGURE 5

Utilizing estimates and projections of the Centers for Disease Control, and comparing local HIV seroprevalence rates to other regions of the country in this regard, the Arizona Department of Health Services (DHS) has made estimates and projections for current and future cases of HIV-related disease in Arizona. Currently, DHS estimates that approximately 10,000 -20,000 Arizonans are infected with HIV. By the end of 1993, DHS expects a cumulative total of 3,120 - 3,840 Arizonans to have been diagnosed with AIDS.

Given the level of HIV infection already present in the community, and the long time course from infection to AIDS, Arizona will continue to feel the effects of HIV-related disease for many years to come.

LEGISLATIVE SUMMARY AND RECOMMENDATIONS

BACKGROUND

Arizona's Legislature considered nearly a dozen bills during the 1990 spring session which dealt with issues directly affecting HIV infected persons or directed toward preventing further spread of the disease. One bill, House Bill 2173, researched and drafted by the Task Force and sponsored by Representative Susan Gerard, was signed into law in June 1990. Another House Bill, HB 2352, provided for expedited placement and adoption of HIV positive children, was signed into law by the Governor in April 1990. The remaining bills considered by the Legislature all failed ultimately before reaching the Governor's desk.

AIDS OMNIBUS BILL

House Bill 2173, frequently referred to as the AIDS Omnibus Bill, addresses a variety of public health and social policy issues. The Omnibus Bill creates a statutory structure for maintaining the confidentiality of public health and other medical records and promotes voluntary testing by mandating an anonymous testing option. Testing is also encouraged by requiring informed consent for an HIV test and for release of HIV related insurance records. The worker's compensation portion of the bill establishes a procedure which assures health care workers and others who acquire HIV infections in the course of their employment, that worker's compensation benefits will be available. The Omnibus Bill gives victims of sexual assault and other crimes where there is a potential for infection the right to access the convicted offender's HIV test results. Other provisions aimed at further reducing the spread of the disease include new statutory authority for the Department of Health Services to establish procedures for controlling infected persons who cannot or will not conform their own behavior for the protection of others. The Omnibus Bill also incorporates portions of a separate bill, SB 1044, which authorizes the Director of Insurance to adopt rules concerning the confidentiality of HIV information in the insurance setting. This section of the Omnibus Bill also requires written informed consent for HIV testing done during the insurance application process.

The new AIDS Omnibus Bill does not solve every problem or deal with every medical issue related to the HIV epidemic. Nonetheless, the State of Arizona has taken a large step toward aggressive, comprehensive policy for dealing compassionately and intelligently with HIV infected persons and protecting those who are not infected from the disease. Perhaps more importantly the creation of this bill proves that fair-minded, well-informed people from markedly disparate sociopolitical perspectives can work together and reach a consensus on how to combat the threat of HIV.

The Intergovernmental Health Policy Project, AIDS Policy Center at George Washington University reports on significant and exemplary AIDS-related program and policy initiations occurring within state, county and municipal governments nationwide. During the summer of 1990 the project provided the Oversight Committee with this analysis:

The AIDS Omnibus Bill is a remarkable accomplishment for the State of Arizona. Arizona was one of the very few states that were able to take a comprehensive approach to HIV issues and pass omnibus legislation. Prior to this legislative session, Arizona had lagged in its ability to cope with the myriad problems associated with AIDS. The Act brought Arizona into the mainstream with its legislative strategy for dealing with HIV disease. Arizona is now one of twenty states which require data in medical treatment records to be confidential. Arizona is one of forty-four states with worker notification laws and one of eighteen states that provide for some kind of partner notification when there appears to a physician that there is a need to warn such parties. The plan that Arizona developed is unique in that it uses the expertise of the health department as a control so that such notification is done sensitively and with minimal breach of confidentiality. Arizona has instituted innovative insurance laws. It is one of sixteen states that require informed consent before insurance HIV testing and one of nine that require confidentiality provisions in insurance. Additionally, Arizona is one of three states that has passed a law that will allow the accelerated use of life insurance benefits. Clearly this legislation is a major step forward in our fight against HIV disease.

OTHER BILLS SUPPORTED BY TASK FORCE

The Task Force prepared two other bills which would have helped stop the spread of AIDS, but neither of these bills survived legislative scrutiny. House Bill 2361 would have required public schools to include age appropriate information about AIDS in health class curricula. Educating Arizona's children about AIDS is one way the members of the Task Force agreed would protect the next generation of adults from the risk of contracting HIV infection. This bill passed the House of Representatives but was amended by the Senate in such a way that the public health benefits of the bill were eliminated. The AIDS school instruction bill did not pass the conference committee.

Another bill recommended by the Task Force, HB 2222, did not deal specifically with AIDS, but provided protection from discrimination for all disabled Arizonans. This bill would have mirrored the new federal Americans with Disabilities Act which expands legal protection against discrimination in employment, transportation, public accommodation and telecommunications for the disabled. Preventing discrimination against disabled people, including those with HIV infection, was another key recommendation made by the Task Force for the purpose of encouraging voluntary testing.

Public health authorities, including former Surgeon General Koop, have repeatedly stated that providing protection from discrimination will have the positive public health benefit of encouraging those who are infected to obtain testing and learn how to protect others from infection. During the Task Force's final deliberations on its recommendations to the Governor, the representative from the Arizona Attorney General's office indicated that the Attorney General would support precisely this type of legislation to benefit HIV infected and all other disabled persons. The Attorney General's office did not actively support this bill when it was submitted to the House of Representatives.

A fair housing bill, Senate Bill 1150, was created independent of the Governor's Task Force on AIDS. This bill would have provided some protection from discrimination for disabled people, including those who are HIV infected. Unfortunately, this bill, too, did not pass committee. House Bill 2264 which introduced payments of COBRA for persons diagnosed with AIDS was introduced and after a hearing the Committee was referred to the Joint House and Senate Hearing Committee.

BILLS NOT SUPPORTED BY TASK FORCE

Four other bills concerning AIDS issues were introduced during the spring session but received little legislative support or attention. House Bill 2128 would have required physicians to attend continuing medical education concerning the benefits of autologous blood donations. House Bill 2129 would have allowed mandatory testing on persons accused but not convicted of sexual offenses. HB 2330 (Senate version was SB 1304) would have mandated testing of all prisoners and regulated certain aspects of applying for health insurance. None of these bills were supported by the Task Force because the AIDS Omnibus Bill dealt more completely and effectively with these issues. In addition, certain aspects of these three bills, particularly the mandatory testing provisions of HB 2129, would have a negative effect on public health policies and strategies designed to increase voluntary testing and decrease the number of new HIV infections.

RECOMMENDATIONS

ANALYSIS: The Oversight Committee of the Task Force has four primary recommendations for legislation in the upcoming legislative session. Two of these are the same recommendations originally made by the Task Force:

Age appropriate AIDS education in the public schools, as part of the health curriculum, is essential to protect the next generation. Protection of disabled people from discrimination in the most basic areas of daily life (employment, housing, transportation, public accommodation, and telecommunications) is essential to the success of public health efforts to test everyone at risk for HIV and provide those who are infected with the information they need to protect others from acquiring the infection.

The Oversight Committee has identified two more critical areas in which legislation is needed. The Legislature must appropriate funds to implement the public health strategies for prevention of HIV infection. Education remains the most successful tool in reducing the risk of acquiring HIV infection. Some important aspects of education can be accomplished without significant funds. For instance, HIV-related information can be added to school based health programs. While funding will be required for other programs such as outreach educational programs for drug addicts, high school drop outs, and other people, many of them teenagers, who cannot be reached through established institutions such as schools or churches.

Appropriation of funds is also significant in light of the Ryan White federal legislation. This piece of legislation addresses two major areas of funding that will impact Arizona: 1) Coordinated direct services for AIDS, ie, case management, home and community services and 2) Counseling, testing and early intervention.

The other area where legislation is urgently needed is in providing adequate medical services for people with AIDS and other chronically ill, uninsurable Arizonans. One relatively simple and highly cost effective measure would be to adopt legislation which allows the State to pay private health care insurance premiums. This would ensure that those persons who qualify for COBRA will receive medical care under a private insurance policy rather than entirely at the expense of Arizona's indigent health care program. The payment of COBRA premiums to continue private insurance should be examined in a broader based model where catastrophic illness criteria can be developed. To limit this program to AIDS is not in the best interests of Arizona. Similar programs have been developed in Texas, Connecticut, and California

There is no doubt that other appropriations will be necessary to provide medical care and treatment for persons infected with the HIV virus. The problems faced by people with HIV disease who do not have private health insurance must remain a high priority for the legislature. Allowing the State to take advantage of private insurance policies available to some persons with HIV disease is an important first step in solving those problems.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Reintroduction of a mandatory K-12 HIV education bill.
2. Reintroduction of a bill preventing HIV related discrimination in employment, public accommodations, transportation and housing.
3. Introduction of an Appropriations Bill to fund programs in the areas of HIV prevention and direct care provision for persons with asymptomatic and symptomatic HIV disease.
4. Introduction of a bill to continue payments to maintain private insurance coverage. Criteria for eligibility should be based on both fiscal need, uninsurable status, and chronic/catastrophic health problem.

PROPOSED AIDS RELATED ADMINISTRATIVE RULES

DEPARTMENT OF HEALTH SERVICES

Initiated the process to amend administrative rules regarding anonymous HIV testing, notification of school districts of HIV-infected pupils, and confidentiality of communicable disease information in November, 1989. The amendments regarding anonymous HIV testing and confidentiality were necessary to continue the 18-month emergency measures implemented by DHS in March 1989. DHS held public hearings in June 1990 to address proposed rules on anonymous testing, school notification and confidentiality. The proposed rules were not drafted in concert with the proposed legislative House Bill 2173. These rules were filed by the Secretary of State on September 14, 1990. The Governor's Task Force on AIDS, county health officers, medical and hospital associations were notified of the conflicts by DHS and directed to adhere to the provisions of the statutes in any conflicting areas. (see Appendix 1)

At the time of the public hearing HB 2173 passed the Senate prior to the last public hearing scheduled in Phoenix. For the public record the Chairperson of the Oversight Committee requested a response regarding the impact of the statutes on the proposed rules. The response received indicated that although the rules needed to be revised based on HB 2173 the rule making would proceed.

Based on this response the Oversight Committee legislative subcommittee met and reviewed the Rules and the process of rule making. A letter to DHS dated August 8, 1990 addresses three major areas where the rules are inconsistent, and in fact are over ridden by HB 2173 (see Appendix 2). This letter summarizes the Oversight Committee concern with the proposed rules. DHS responded to the Oversight Committee letter in a letter August 23, 1990 (see Appendix 3). The rules promulgated are in some places inconsistent with the law and must be redrafted and put through the rule making process. These rules were approved on September 14, 1990. DHS has also promulgated a 90 day emergency rule detailing procedures for obtaining specific, written and informed consent before HIV testing. DHS is currently drafting rules for HB 2173. Hearings should be held in the spring.

DEPARTMENT OF INSURANCE

Is promulgating rules currently. The rules will consist primarily of the Department's current "AIDS Guidelines" but will include some additional modifications as may be required by the new law.

INDUSTRIAL COMMISSION

Is promulgating rules specific to the Workers Compensation provisions of the law. They are currently gathering information about necessary content of these rules. At this time the Oversight Committee has indicated both the desire and willingness of members to work with DHS on the proposal and drafting of rules for HB 2173.

COST DATA ANALYSIS

INTRODUCTION

The costs of HIV disease not only affects specific government agencies, hospitals, and insurance companies, but has an effect on all aspects of society. Everyone will share the burden of the costs of AIDS. The potential numbers in Arizona are truly alarming:

- * The 1989 Report of The Governor's Task Force on AIDS included a ten year forecast projecting that HIV/AIDS could cost Arizona's health care system up to \$750 million with the state paying \$225 million in direct costs for HIV disease related health care.
- * A 1989 study for AHCCCS completed by the ASU School of Health Administration stated that total costs for treatment of persons with HIV Disease to AHCCCS through 1992 range from \$24.6 million to \$42.2 million. At the time of the report AHCCCS was responsible for over 50% of all AIDS cases reported.
- * Local and national projections of AIDS cases indicate that annual numbers of AIDS cases will continue to increase through 1993.
- * Gathering accurate numbers and cost figures for HIV disease in the state is a difficult task, making the development of a long range plan even more uncertain.

The trend is obvious, ever increasing new HIV/AIDS cases, increasing burdens on our state and local health agencies, our hospitals and community based organizations. Arizona is considered a second wave state, with other states such as California and New York considered first wave states. This means that Arizona will soon face similar strains to its health system. In fact major cities in California and New York have been declared health care "disaster areas" by Congress, thus qualifying them for desperately needed special federal funds. Although the numbers are indeed grim, many of these devastating costs can be avoided if a coordinated long term strategy to deal with HIV disease in Arizona is developed. There are several steps that if taken now can save millions of dollars in the future.

ANALYSIS

INSURANCE COVERAGE AND COBRA PAYMENTS

Large numbers of persons with HIV disease are without health insurance and eventually require state agency assistance at significant expense to the state. Several states have undertaken programs to assist not only HIV infected persons but other citizens in maintaining private insurance. These states have found this to be a cost effective and efficient way of allowing individuals to receive medical treatment. One option being tried by states is a program where the state pays health insurance premiums under the COBRA plan. The COBRA plan allows an individual who has lost a job to maintain at their own expense private insurance for a minimum of 24 months. Frequently the person is unable to maintain the insurance premiums due to fiscal problems and loses health insurance coverage. When a major illness occurs, the individual is unable to pay for the treatment eventually a state agency pays the cost or it is picked up as charity care. With AIDS and other serious illnesses this can create a tremendous burden not only on the state health care budget, but also contributes to the growing problem of uncompensated health care which threatens the financial life of many community hospitals. If an individual qualifies under this alternative program, the state pays the private insurance premiums until the individual is able to once again pay their own premiums. Although these programs are new, there are initial indications that these alternatives are very cost efficient.

1. The state of Washington estimates \$3.25 million in savings for the fiscal year 1991, with \$1.6 million saved in 1990. The costs of care for persons with AIDS is \$1,981 monthly, while the average insurance premiums cost \$150 per month.
2. The state of California has preliminary estimates of savings of over \$750,000 for the first five months of 1990.
3. Other states have just begun the program, with each state setting up eligibility standards based on either total family assets (usually less than \$10,000) or a percentage of federal poverty guidelines.

The Ryan White Act contains a provision for payment of COBRA to maintain health insurance coverage. The Oversight Committee recommends the payment of COBRA premium as an alternative to maintain private health insurance. The costs of paying the private insurance premiums for citizens far outweigh the costs of having the state pay for expensive medical treatment. The growing number of uninsured citizens who need medical care but have no health insurance is a tremendous strain on our health care system in Arizona. This problem will only be worsened by the increasing number of persons with HIV disease who require expensive long term medical treatment. It is in the interest of the state and the

taxpayers to see that every effort is made for these individuals to maintain or have available private health insurance. Implementing a program to assist these individuals is an inexpensive alternative that can save the state dollars.

1991 FEDERAL FUNDING

During 1990 the Congress passed two significant pieces of legislation. These Acts will affect the future federal funding allocations available in Arizona as follows:

HEALTH OMNIBUS PROGRAMS EXTENSION (HOPE) ACT: In 1988 federal changes authorized AIDS prevention funding on a formula basis rather than a competitive basis. Since 1986 CDC has provided funds through cooperative agreements to state health departments. During 1990 the HOPE legislation failed to gain an appropriation. Arizona was one of thirty five states who would have faced decreased funding under the formula based funding proposed. The proposed formula would have decreased Arizona funding by approximately 20 percent. HOPE formula funding was based upon the state's relative number of AIDS cases and relative percentage in the total U.S. population. This legislation would have effected the funding for program categories including health education, minority initiatives, public information programs and school based programs.

RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT OF 1990: The White legislation provides federal support for comprehensive health and social services for people living with AIDS and HIV disease. There are four areas of this ACT:

Title I provides emergency relief grants to meet the out-patient and case management needs identified by planning councils in localities disproportionately affected by the HIV epidemic (does not include Arizona but covers 16 cities).

Title II provides grants to states for care consortia and other programs to improve and increase availability to HIV services. This title is an area where Arizona may apply for funds in the following areas:

1. Establish HIV care consortia for a comprehensive system of HIV services.
2. Provide home and community based care services for persons with HIV disease.
3. Provide assistance to assure continuity of health insurance coverage for persons with HIV disease.
4. Provide treatment to economically disadvantaged persons with HIV disease, including outreach to identify these persons.

Title III provides grants to states and public/private nonprofit clinics receiving grants administered by HRSA for HIV antibody counseling and testing, diagnostics, and early intervention treatment and referral. Arizona will be eligible to apply for this funding along with HRSA administrated clinics. In the future this funding may take over for current CDC HIV antibody testing and counseling monies and expand the area of early intervention.

Title IV is a broad area containing a number of provisions including Pediatric AIDS research demonstration, special studies, and provisions for emergency response employees.

Appropriations for the Ryan White Act were passed by Congress in late October for \$226 million, with no forward funding beyond FY91. This amount is far less than the original authorized amount of \$881.5 million. Funds appropriated do not fund Title 4 of the Act but Titles 1, 2, and 3. It is too early to determine the impact of this appropriation on future Arizona funding.

SPECTRUM OF SERVICES AND COST OF PLANNING

The continuum of care for HIV disease ranges from asymptomatic wellness based care to acute care, chronic care, and terminal care. Although the Oversight Committee requested information from AHCCCS regarding cost of care for their clients with HIV the data was not available at the time this report was drafted. It is estimated nationally that Medicaid systems are the responsible payor for 50-60% of all chronic and terminal care by national reports. Although the bulk of money spent on home care comes from Medicare, few persons with AIDS qualify for Medicare.

In order for Arizona to be diligent in addressing both the spectrum of services and cost of planning to provide these services, there must be an effort to correlate and study in-state data. AHCCCS is a key player since they have current data and are heavily affected by potential costs. Research and evaluation should address:

- * What are the current and projected needs, demands, utilization patterns and costs of the components of HIV care on a continuum?
- * Can longitudinal studies of cohorts of HIV-infected individuals be developed to identify ranges of services and resources needed and utilized?
- * How can case management systems impact accessibility, quality, and cost of care issues?

- * What is the projected effect of early intervention treatment and monitoring on the course of HIV disease?
- * What are the comparative cost and outcomes of care in respective community settings and how do these compare with institutional settings?

This represents the foundation for building a strategic plan for addressing HIV/AIDS research in Arizona. In order to accomplish this review and research, leadership must emerge. Likely leaders within the state include AHCCCS and University of Arizona Health Sciences Center.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Although AHCCCS was unable to complete cost data analysis on enrollees with HIV disease by the deadline for this report they were able to examine trends in enrollment and provider health plan data.

Since January 1989, over the past 18 months,, enrollment of persons with HIV disease in AHCCCS has doubled. This is reflected in the number of cumulative patients enrolled monthly with AIDS. Figure 1 shows the total numbers of AIDS patients served by AHCCCS (N = 700). For accuracy one must subtract the total deceased patients (N = 308). Currently AHCCCS reports 154 person who are inactive or not eligible for services. A portion of these may simply require renewal of enrollment.

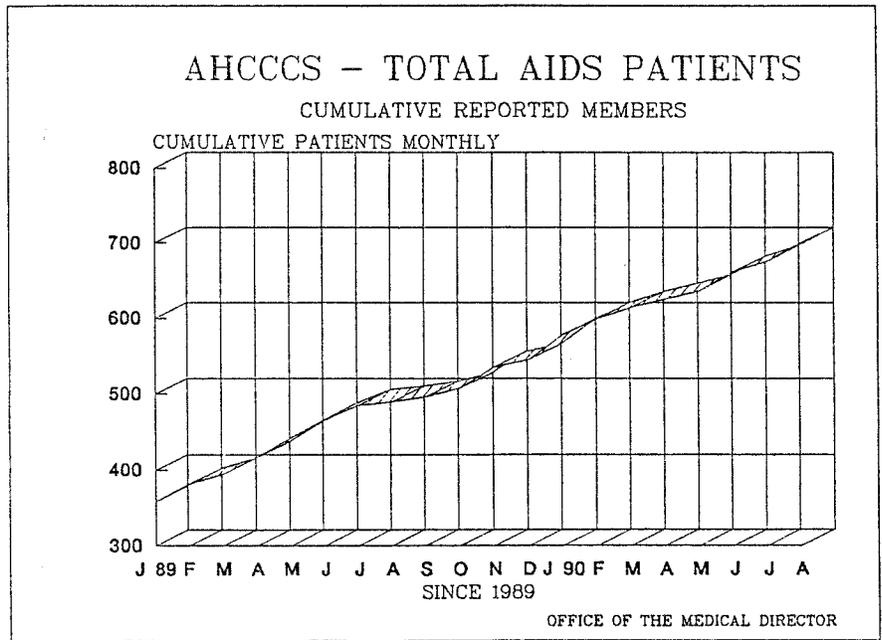


FIGURE 1

Figure 2 indicates where persons with AIDS are enrolled for health care. There are five major health plans who play a significant role in provision of services. These are identified in the following chart:

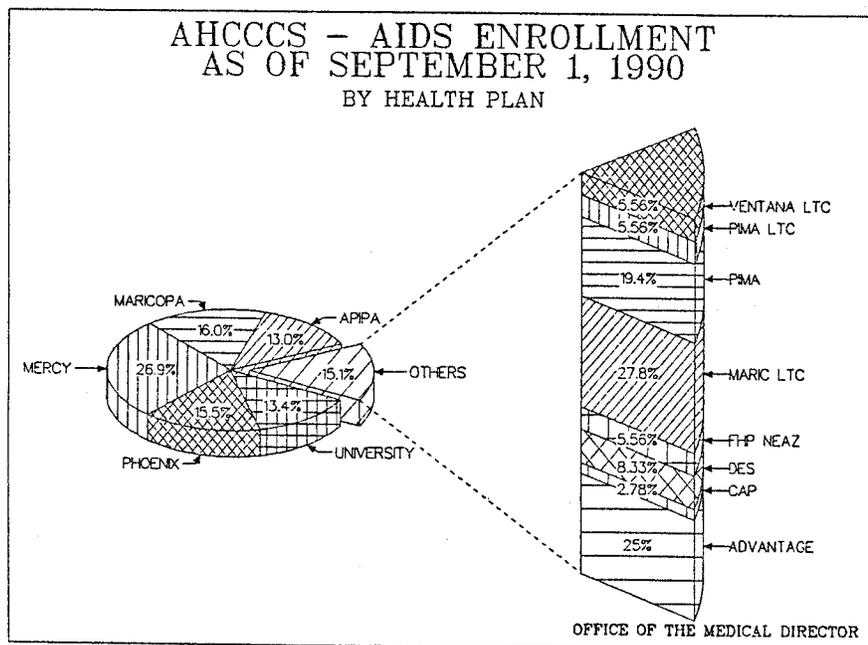


FIGURE 2

As of September 30, 1990 the Arizona HIV Infection Surveillance Report shows:

Number of AIDS cases to 9/30/90	1262
Number of AIDS cases reported deceased	744
Number of AIDS cases (excluding deaths)	518
Number of AIDS cases (living) enrolled in AHCCCS as of 9/1/90	238

AHCCCS data reflects 46 percent of persons diagnosed and reported in Arizona with AIDS utilizing their services. This does not include persons with symptomatic or asymptomatic HIV disease. Additionally, not all AHCCCS cases are cases reported within Arizona. It is clear based on this data that AHCCCS is a significant provider of health care whose role is increasing rapidly as demand for care increases.

CURRENT STATE FUNDING

Current appropriation to DHS for AIDS from the State of Arizona is approximately \$487,200. These funds are used to provide staff positions to DHS and to contract funds to Maricopa and Pima Counties for AIDS surveillance. DHS staff positions include: Office of AIDS Manager; Public Health Nurse Consultant; Statistician; Health Educator I; and Clerk Typist. The use of these funds in FY 89/90 is summarized in Table 1:

**ARIZONA DEPARTMENT OF HEALTH SERVICES
STATE FUNDED AIDS BUDGET*
JULY 1, 1989 - JUNE 30, 1990**

Personnel	\$113,400
Fringe Benefits	30,000
Professional/Outside	-----
In-State Travel	5,500
Out-of-State Travel	-----
Other Operating	213,300
Equipment	-----
Contractual	<u>125,000</u>
TOTAL	\$487,200

TABLE 1

No state funds are contracted for either HIV prevention or education programs

\$125,000 is subcontracted to Maricopa and Pima Counties for surveillance activities.

The total Arizona State dollars is \$487,200 (FY 89/90). Total CDC dollars is \$2,312,767 (FY 90); total HRSA dollars is \$356,162 for the AZT program and the home based care grant.

CDC FUNDING

Over the past five years Arizona has received over \$4.3 million dollars from CDC. The distribution of these funds over the past five years is summarized in Appendix 4. For the purpose of review funds are broken down by county and include all funding within the county, including funding to community based organizations. Data summarized in Appendix 4 (Distribution of CDC AIDS Funding in the State of Arizona, 1985-1990) demonstrates:

Department of Health Service (FY 1990) relies upon \$905,648 for 15 staff positions including salaries, benefits, travel, and other operating expenses, laboratory services, and administration. This is 39 percent of the 1990 CDC funding.

Funding to rural counties began in 1987 and has increased each year. DHS stated that funding amounts to rural counties is based on negotiated work contracts to fund a position by staff hours. Funding to rural counties is from funds available under counseling and testing.

During 1990 there was a decline in funding to community based agencies and the local health department in Maricopa County.

During 1990, DHS total funding from CDC decreased by \$21,713.

Current contractual funds from DHS utilizing CDC funds during FY 1990 is documented in Table 2, pp. 32-33:

**DEPARTMENT OF HEALTH SERVICES
AIDS PREVENTION AND SURVEILLANCE FEDERAL FUNDING
1/1/90 - 12/31/90**

<u>**COUNSELING AND TESTING</u>	<u>AMOUNT</u>
*CODAMA	35,000
Cochise County	35,560
Coconino County	33,889
La Paz County	20,510
Maricopa County	157,612
Pima County	117,388
Pinal County	37,765
Santa Cruz County	30,000
*Terros	6,673
Yavapai County	31,102
Yuma County	<u>49,951</u>
SUB TOTAL	\$ 555,450
 <u>SEROPREVALENCE</u>	
Colorado State Lab	\$ 225,000
Maricopa County	<u>92,194</u>
SUB TOTAL	\$ 317,194
 <u>SURVEILLANCE</u>	
Maricopa County	<u>\$ 15,538</u>
SUB TOTAL	\$ 15,538
 <u>HEALTH EDUCATION</u>	
Coconino County	\$ 15,097
*CODAMA	66,400
Maricopa County	105,494
Maricopa County Info. and Referral	2,500
Pima County	104,003
Pima County Info. and Referral	2,500
Tucson AIDS Project	62,200
Unobligated	<u>4,743</u>
SUB TOTAL	\$ 362,937

<u>*MINORITY EDUCATION</u>	<u>AMOUNT</u>
Central Navajo AIDS	\$ 30,000
Indian Community Health	52,000
Pascua Yacqui	36,620
Southminster Social Service	<u>37,380</u>
SUB TOTAL	\$ 156,000
TOTAL CONTRACTUAL	\$ 1,407,119
TOTAL AWARD	\$ 2,312,767

TABLE 2

* CDC funds are contracted to minority community based organizations and programs to reach IV drug users. Actual funding to community based organizations totaled \$191,273 (or 13 percent of total contracted funds).

** 93 percent of all counseling and testing money is directed to county health departments.

Table 3 summarizes the CDC funding utilized within DHS including administrative costs:

**SUMMARY OF 1990 AIDS PREVENTION AND SURVEILLANCE
PROJECT FUNDING**

PERSONNEL		\$ 386,547
Disease Prevention	\$ 331,895	
State Laboratory	54,652	
FRINGE BENEFITS		\$ 96,486
Disease Prevention	\$ 82,422	
State Laboratory	14,064	
TRAVEL		\$ 25,300
OTHER OPERATING COSTS		\$ 145,449
ADMINISTRATIVE COSTS (INDIRECT CHARGES)		\$ 239,213
Disease Prevention	\$ 210,654	
State Laboratory	28,559	
TOTAL		\$ 892,995

TABLE 3

Future federal funding through the Ryan White Act has a 5 percent administrative cap. Current essential indirect costs for DHS represent 10 percent of the appropriated funds. DHS will need to examine the area of indirect costs in light of the Ryan White Act in order to adjust for this funding format.

ADDITIONAL FEDERAL SOURCES OF FUNDING TO ARIZONA

Currently DHS receives funding from HRSA for the AZT program and a separate amount for home and community based care. During 1990 HRSA awarded \$126,000 for home and community based care to Arizona. These funds will be utilized to address provision of services to those who lack other payors for these services. The AZT program has been in place for several years and provides AZT to those who lack health care coverage to pay for this treatment. The total funds received for these two combined programs from HRSA is \$356,162. In the future these funds may become a part of the Ryan White funding mechanism.

MINORITY PROGRAM FUNDING

State and federal funding to the Black and Hispanic communities through ADHS, have been inadequate. The Task Force and the Oversight Committee for two years has heard from these communities regarding the lack of support. Fiscal allocations in the minority section of this report reinforce this allegation. The review of funding trends indicates that funds are not reaching communities that are having a significant rise in the incidence of HIV. There is no long range plan for programmatic intervention in minority communities. There is no systematic needs assessment or strategic planning to determine how best to use funds to build programs. Instead the state relies on a funding process based on request for proposals that is based on the procurement code.

Communities which are experiencing the greatest need may be least likely to be able to respond effectively to this procedure. DHS has the capacity and authority to provide technical assistance. Such assistance should be aggressively given. Other states provide technical assistance through their health department including, identifying community needs, outreach to those communities assisting in grant writing and evaluating the adequacy of proposals. These technical assistants are insulated from the decision making process on the proposals and allocation of funds.

There are simply not enough funds to go around. Funding does come from a variety of sources, including CDC, HRSA, and others. ADHS and minority groups should be working together to maximize these resources.

The issue of funding for programs to target the Minority community is addressed both here and in the Minority section. This issue is extremely important to HIV prevention. The Oversight Committee believes that past decisions on funding specific to the minority community, although based on the RFP process, have not addressed the development of programs to reach those at highest risk for HIV. Later in this report the Committee addresses other gaps including funding and programs for gay/bisexual men, women at risk, and IV drug users. Changes recommended include increasing technical assistance, development of a review and resubmit procedure, and reexamination of the RFP process.

COMPREHENSIVE PLANNING

The Oversight Committee worked closely with DHS staff to review funding patterns and history. During this review several issues became apparent. Arizona HIV efforts have been driven by funding sources. Instead of a proactive planning process, programs have been developed to respond to the funding mechanism. This frequently results in fragmented program development.

This problem has been compounded by the limited availability of state funds through legislative appropriation process. Funding available from the Arizona State legislature does not expand current programs within the communities, nor does it allow for development of programs in areas that are under funded by federal sources. In reviewing our sister states experiences, state funding is critical to not only the development of prevention and direct care resources but also the continuance of demonstration projects as federal funds diminish.

The future impact of the Ryan White Act on the State of Arizona will need to be monitored closely. This legislation directs funding through the Executive Branch of Arizona government, to DHS and DOE, requires caps on administrative costs and requires the state to have specific policies in place for receipt of funding. Arizona may need state dollars to meet the current administrative costs. This Act recommends procedures for public input or planning prior to fund utilization. The Oversight Committee has reviewed this Acts and is pleased to note that policy requirements of the Ryan White Act have been addressed in the AIDS Omnibus Bill (HB 2173). This placed Arizona in a policy position to apply for these funds.

In reviewing the disbursement pattern of current funds to local health departments and community based organizations several issues were identified. Funding to the two largest counties, Maricopa and Pima, appears to be directed toward positions and not performance standards. The difference in funding between these counties appears to not be based on work required, i.e., number of HIV tests, number of surveillance reports, etc. FY 1990 funds to Maricopa County, excluding funding for the Family of Surveys for CDC, exceed Pima County by approximately 25 percent. DHS surveillance reports indicate that 74 percent of all AIDS cases, and 69 percent of all asymptomatic HIV cases are reported in Maricopa County. The decline in funding to the health department and community programs within Maricopa County seems short sighted in light of epidemiologic trends.

Funding from DHS to rural counties has increased over the past two years. Services within rural counties are expensive when compared to either the number of AIDS cases or the number of HIV tests performed. Rural counties express concern over issues of networking, provider knowledge of HIV, and service for persons with HIV disease. Current DHS funding is for counseling and testing and not direct services for HIV infected persons. In major urban counties those services are provided through community based organizations who seek a broad base of funding. Arizona needs to examine the funding to rural areas that will maximize the dollars spent in light of services obtained. Rural partnerships and linkages with community based organizations in urban areas many prove beneficial to developing services for persons living with HIV disease.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Arizona should begin to implement a program allowing state agencies to subsidize private insurance premiums. At the same time the state should also consider setting up a health insurance risk pool as another reasonably priced alternative to expensive state funded health care.
2. Arizona should use the opportunity, in light of the new federal funding mechanism, to evaluate how AIDS dollars are currently spent and how new dollars will be utilized. Ryan White legislation requires long range planning and specifies the type of funding, including caps on administrative costs. Also recommended is an HIV Planning Council in the Governor's Office, that is comprised of community members familiar with the service needs. This Council will assist the state in making effective long range plans.
3. Expanded availability of anonymous HIV antibody testing, as well as other programs and services, in non-governmental sites. Department of Health Services should direct increased funding to community based organizations for both preventive and therapeutic services.
4. Appropriate federal funds be utilized during the current funding cycles. DHS will need to implement guidelines to assure appropriate expenditure of funds due to restrictions on carryover funding under the Ryan White legislation.
5. DHS, AHCCCS, and community organizations should begin to address planning for utilization of funding for community and home based care contained in the 1991 Ryan White legislation. Such planning will be in the purview of the proposed HIV Planning Council once established.
6. Funding to local county health departments should be based on a planning and evaluation system that considers geographic region, population, special needs within the county, and HIV impact within the county.
7. The HIV Planning Council should examine and pursue other resources, including city, county, state and philanthropic dollars, in light of the heavy past and present reliance on federal funding for HIV/AIDS programs within Arizona.
8. DHS develop an aggressive Technical Assistance program to assist community groups in procuring grant money.

9. DHS should revise the review process for RFP's to ensure that reviewers consider current funding levels, evaluation of past performance, and incidence of HIV disease in the affected communities.
10. DHS should make use of a revise and resubmit option for RFP's that potentially could impact on HIV interventions.

V. SUMMARY OF PROGRESS REPORTS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

STATUS REPORT

SEPTEMBER 1990

AHCCCS currently provides treatment and all medically necessary care for enrolled persons with AIDS, ARC, and HIV infection. Future programs include consideration of expansion of indications for AZT.

Current resources and funding include: Title XIX, U.S. Social Security Act, and State appropriations. Future resource needs include cost increases to expand drug treatment option, and possible cost increases to expand provider network.

Plans for Inter-Agency Coordination include: consideration of federal grants for expanded Home and Community Based Services with the Arizona Department of Health Services, and cooperation with community agencies.

The Task Force Report contains a number of policy initiatives pertaining to AHCCCS. Several are reflections of program initiatives and policies already being addressed by AHCCCS administration or actually implemented. Others represent significant changes in program, budget or policy and need more detailed analysis than can be provided in this brief comment period. The issues of concern to AHCCCS are listed below, and accompanied by a short assessment of the impact of the recommendation and the AHCCCS Administration's current sense of direction.

EDUCATION MEASURES

ISSUE: EDUCATION FOR STATE AGENCY STAFF

Case managers and some long term care eligibility staff would need training. The in-house expertise exists to conduct the training, so costs would be limited to staff time and materials.

Work-plans have been developed to:

- 1) Identify employees with direct client contact.
- 2) Include AIDS education material in orientation packets.
- 3) Include AIDS education materials in Administration newsletter twice a year.

SUPPORT AND TREATMENT MEASURES

ISSUE: CASE MANAGEMENT

Case management is currently provided to most AIDS patients enrolled with AHCCCS plans. AHCCCS is increasing the emphasis on case management, and will require documentation that it is being provided. There are no special requirements for persons who are HIV positive. It is important for AHCCCS to actively participate in any group seeking to standardize case management in Arizona. The budgetary and administrative consequences of some of the proposals that have come forth are significant. In particular, efforts by case management agencies to become "sole source providers" fit poorly with the competitive capitated model of AHCCCS, and can distort pricing of these services. Standards that result in excessive services promote dependency and raise costs. Successful case management has many of the attributes of advocacy, and increases the intensity of medical services.

Case management has direct and indirect cost implications for AHCCCS, and presents a coordination problem for participating prepaid health plans. Any proposal for a statewide case management program needs careful evaluation.

An AIDS quality assurance program is to be implemented into contracts beginning October 1, 1990.

ISSUE: HIV/AIDS AND CHEMICAL ADDICTION

Increases in Drug Abuse treatment services are not currently provided by AHCCCS. There are substantial costs and administrative effects related to this recommendation.

ISSUE: MENTAL HEALTH

These services are not currently provided by AHCCCS. There are substantial cost and administrative effects related to this recommendation.

Currently mental health services for adults are very limited. Phase-in of services for children is the first priority. Attention to the needs of AIDS-affected children will be included in the development of new services.

ISSUE: LONG TERM CARE

AHCCCS Administration has been working on smoothing the transition from acute care to long term care programs, including improved information exchange, a better physician network for AIDS care and expansion of home and community based services. Changes in the 5%

cap on home and community based services have been actively sought, without success. The use of family attendants as personal care providers in home and community based services is not actively being sought, and needs to be examined for its impact on other issues, such as long term care for Alzheimer's patients and the increase in applications it might stimulate.

ISSUE: AHCCCS ELIGIBILITY

Expanded eligibility criteria for people with AIDS is a major policy issue, and affects primarily the state-funded portion of AHCCCS (MN/MI). AHCCCS is currently examining the potential for such changes. Among the questions for research are what groups will be affected, the impact on the size and costs of the AHCCCS population, whether only AIDS patients should be included or whether other chronically ill patients should also be included, and whether HIV infection or AIDS is the desirable screen. State legislative action would almost certainly be required, along with waivers from the HCFA.

AHCCCS is awaiting the establishment of a Governor's Task Force on Long Term Care to study the needs and services for the chronically ill and physically disabled population.

Work with health plans and program contractors to smooth the transition between acute and long term care programs is ongoing.

AHCCCS provides nursing home and Home and Community-Based Services (HCBS). Discussions are ongoing with HCFA on expanding HCBS.

ISSUE: FELLOWSHIP PROGRAM

The availability of well-trained primary care physicians to care for AIDS patients is of considerable concern to AHCCCS, since AHCCCS expect to have responsibility for the care of more than half of all AIDS patients at some time in the course of their illness. Several physicians who have been caring for a large number of AIDS patients have full practices at this time. The lead agency for developing the fellowship program is suggested to be the University of Arizona medical school, which is appropriate. However, AHCCCS expects to be actively involved.

Success in attracting primary care physicians to develop the skills to care for AHCCCS patients with HIV disease may require some incentives, including the possibility of differential fees or capitation rates for trained physicians. In addition, policies on managing the care of AIDS patients, such as channeling them to trained physicians, may require both policy and contract changes.

No action at present in a joint effort to better train a network of primary care physicians to care for increasing numbers of HIV positive persons.

ISSUE: ADVANCES IN TREATMENT

New advances in treatment of HIV/AIDS should be made available through the University of Arizona. The rules governing AHCCCS specifically exclude coverage of experimental treatment. To date, AHCCCS has limited coverage to FDA approved drugs, and has not paid for experimental drugs and the related costs of participation in experimental protocols. Changes in this position will have budget consequences, since discrimination by diagnosis is not allowed. The increased emphasis on experimental therapies can force changes in the AHCCCS rule.

FINANCING MEASURES

ISSUE: INSURANCE

AHCCCS is interested in insurance risk pooling, mandated insurance expansions and similar proposals.

ISSUE: COST DATA

AHCCCS would be a primary participant in cost data collection. Proposals for this data collection will have cost and systems implications for AHCCCS administration.

ARIZONA DEPARTMENT OF CORRECTIONS (DOC)

STATUS REPORT

SEPTEMBER, 1990

The mission of the Arizona Department of Corrections is to serve and protect the people of Arizona by imprisoning those offenders legally committed to the Department. This includes maintaining a healthy, safe and secure environment for both staff and inmates.

The issue of AIDS continues to be a major concern for the Department. Policies are in place that address testing, housing, treatment and confidentiality. DOC has solicited assistance from other agencies, specifically the Department of Health Services, in the development of its policies and programs.

All that has been accomplished in DOC in reference to AIDS has been done without additional resources. Given the current fiscal situation of the agency, it will be difficult to implement any new programs without additional resources. DOC encourages the Task Force to pursue its objectives through the Governor and the Legislature.

SPECIAL NEEDS

ISSUE: MANDATORY HIV ANTIBODY TESTING FOR NEWLY ADMITTED INMATES

A blinded Seroprevalence survey for HIV antibody testing and Hepatitis B surface antibody (anti-HBs) was conducted in early 1990 on new male inmates entering the Department of Corrections. Data was gathered from 1058 volunteers which examined limited risk behavior information and was correlated with seroprevalence results. Overall results indicated a 1.5 percent HIV antibody seroprevalence and 22.5 percent anti-HBs seroprevalence. None of the behavior risk factors including male to male sexual contact, needle sharing, or history of blood transfusion were reliable surrogate workers for HIV infection. Approximately 75 percent of all inmates volunteering for this study indicated they would volunteer for anonymous and/or confidential testing.

ISSUE: EDUCATIONAL PROGRAMS FOR INMATES AND STAFF IN CORRECTIONAL FACILITIES

The Human Resources/development Division of DOC is proposing that two of the Task Force's recommendations be pursued this year. Priority #1:

AIDS Training for Staff and Inmates. DOC recommends that a broader approach be taken that provides training, data collection, and treatment protocols for communicable diseases, not just AIDS, and that security staff be immunized against Hepatitis B, mumps, measles, and Rubella (MMR). The cost is \$427,400.

In an effort to address these major issues, DOC is issuing a Request For Proposal for professional services. This request includes educational programs for staff and inmates; clinical care of inmates identified as HIV+, ARC, and AIDS; gathering of statistical data; and, establishing treatment guidelines which include post-release continuity of care utilizing community resources.

ISSUE: HIV/AIDS MEDICAL CARE AND TREATMENT IN THE CORRECTIONAL SETTING

Priority #2:

HIV/AIDS medication. Over the next three years, it is anticipated that the detected number of HIV positive and AIDS infected inmates will increase from 39 to 300. DOC concurs with the Task Force recommendations that AZT treatment be provided to all known infected inmates. The cost pattern is as follows:

	<u>ANNUAL INCREASE</u>	<u>CUMULATIVE INCREASE</u>
FY 1991 (1st Year)	\$146,600	\$146,600
FY 1992 (2nd Year)	\$241,700	\$388,300
FY 1993 (3rd Year)	\$241,700	\$630,000

DOC is continuing to provide necessary medical care and counseling to those inmates identified as HIV positive, ARC or AIDS. The treatment protocol for AZT has been updated to reflect changes recommended by the Center for Disease Control (CDC).

DOC is continuing its efforts to address the issue of AIDS in the prison setting. Through an outside contractor, the issues of needs assessment, short and long term health programs, inmate and staff education, prevention and post release follow-up will be studied. This information, along with the results of the blinded seroprevalence study will assist in the Department's formulation of revised policies and procedures. Policy and Procedure is being developed to address the issues of consent to test and treat, confidentiality and disclosure of information. This is to ensure compliance with the recently enacted ARS 36-663, 664,667.

ISSUE: PREVENTIVE ISSUES IN CORRECTIONAL FACILITIES

DOC is not considering the issuing of condoms in the prison setting. The supplying of condoms remains a security issue and could be viewed as condoning acts that are in violation of DOC rules and regulations, and law. The Department has followed the recognized premise that the best prevention is good education.

DEPARTMENT OF INSURANCE

STATUS REPORT

SEPTEMBER 1990

The passage of HB 2173 together with the provisions of ARS §20-448 provide statutory authority to the Insurance Department to promulgate its previous guidelines as rules. The Department of Insurance is in the process of drafting rules to implement allowable tests and testing procedures, written consent to perform HIV related test procedures for confidentiality and disclosure of medical information, procedures for gathering underwriting information, and other rules that are reasonable and necessary to implement A.R.S. §20-448.01 as enacted by HB 2173. These rules will consist of the Department's current "AIDS Guidelines."

Because the rule-making procedure is quite lengthy the adoption of rules will not occur prior to September 27th, effective date of HB 2173. Therefore the department has prepared a model consent form for HIV testing. Until adoption of the rules, insurers may choose to use the model consent form or may submit the forms they currently use for approval by the Department of Insurance. The following areas summarize the Department's response to critical areas outlined by the Task Force.

Areas Where Inquiry Would be Prohibited and Sexual Orientation: The Department has adopted "AIDS Guidelines" which prohibit insurers from inquiring into the applicant's sexual orientation, the applicant's receipt of blood transfusions or applicant's previous HIV tests, except that the insurer may ask whether the applicant has ever been diagnosed or treated for HIV disease, or has tested positive for HIV antibody.

Uniform Application of HIV Tests; Uniform Testing Based on Type, Amount of Policy, and Testing in Conjunction with other Medical Procedures: Guidelines permit an insurer to test for HIV antibodies as it tests for other conditions affecting mortality and morbidity. Tests cannot be performed without written consent of the applicant.

Informed, Written Consent and Prescribed Testing Protocol: AIDS Guidelines prohibit the use of test results as a basis for an adverse underwriting decision unless the insurer has verified that both a positive screening test (such as ELISA) and a positive supplemental test (such as Western Blot) result have been determined. Tests must be FDA-approved. A standard consent form has been drafted by the Department.

Periodic Review of State Testing Technology to Revise Protocol: Department of Insurance will promulgate regulation and will coordinate with Department of Health Services to gather necessary information and advise regarding appropriate test protocols.

Counseling (Pre-and Post-Test): Rules will require discrimination of information regarding the availability of free confidential counseling along with a time frame for the person to seek such counseling.

Confidentiality: House Bill 2173 authorizes Department of Insurance's rule-making authority regarding confidentiality of HIV testing.

Exclusion of Certain Types of Conditions: Guidelines do not permit insurers to issue for delivery in Arizona any contract which excludes AIDS or ARC from coverage. Benefits for AIDS and ARC shall be provided for in the same manner as are provided for all other catastrophic disease.

Classification of Treatments: Policies which include benefits for prescription drugs shall provide benefits for AZT as well as any and all other FDA approved drugs and forms of treatment.

Risk Pooling: Department of Insurance is examining other states' risk pools in conjunction with the Joint Legislative Committee on Health Care.

Change in ERISA: Department of Insurance has been and continues to work in conjunction with the National Association of Insurance Commissioners (NAIC) to inform Congress of changes we believe are required.

Reimbursement of Drug Treatment: Guidelines require that where policies provide benefits for treatment and drugs, benefits must include AZT as well as any other drug approved by the FDA.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES)

STATUS REPORT

SEPTEMBER, 1990

The DES provides opportunities, services and programs through an integrated delivery system to Arizonans with economic or social difficulties which will enable them to maintain or move toward self-sufficiency. The recommendations of the Task Force are very broad and will require the cooperation of many agencies within state government. DES is supportive of a cooperative effort to lessen the threat of this epidemic in Arizona. The recommendations which are implemented have been accomplished within current DES resources. Funding includes Children's Services, Day Care and training dollars. The number of children with HIV currently cared for by the department is minimal. As the number of children in care increases, special budgetary needs will become a factor. Immediate funding is necessary to carry out department wide AIDS training. The Task Force clarified and brought to immediate attention AIDS issues that needed to be addressed by DES.

SPECIAL NEEDS

ISSUES: CHILDREN AFFECTED BY HIV/AIDS

Testing children for HIV: The recommendation is implemented. The current Administration for Children, Youth and Families (ACYF) AIDS Policy supports careful testing of foster children with cautious interpretation of test results. Guidelines for case by case assessment of testing needs are found in the Testing, section H. of the ACYF AIDS policy. The issue of confidentiality, and disclosure of information on a need to know basis is also a part of the current AIDS policy.

Recruitment and AIDS education of foster families: The recommendation is implemented. At this time recruitment of foster families for HIV/AIDS affected children is done on an as needed basis because the need has not demanded an aggressive campaign. ACYF has a copy of the Child Welfare League of America (CWLA) recruitment video which focuses on families to care for this population. This can be shared statewide when needed. In addition, the ACYF Statewide Recruitment and Retention Task Force can be utilized to organize aggressive recruitment strategies when needed. Recruitment and licensing for this population requires involvement of local medical resources to adequately train potential care-givers. Both the Phoenix and Tucson areas are already using some of these resources for the limited number of children in the department's care.

Foster care incentives: The recommendation is implemented. The ACYF AIDS Policy allows for incentives for foster parents to care for children infected with HIV. At this time reimbursement for care is done on a contracted basis allowing for the individual needs of a particular child. The foster care rate schedule is utilized as the basis in developing the contractual agreement. Relative caretakers can be licensed foster parents and receive the same benefits.

Free or subsidized day care: The recommendation is implemented. Day care services include care provided in licensed day care centers and certified day care homes on a regular basis for compensation and lasting for periods of less than 24 hours a day. Day care subsidy is available to eligible clients with HIV infected children. Clients are advised of available homes and center placement options. Any facility knowingly accepting an HIV infected child shall be fully trained in the care and supervision of such children and adequately staffed to handle these needs.

Appropriate transitional facilities: The implementation will be considered if the need arises. Because of the minimal numbers of HIV/AIDS affected children in the department's care in Arizona at this time, there has not been a need for such a service. ACYF is not entirely supportive of group care programs for this population. As this need arises, the department would prefer contracting for a service which could be delivered in the child's family home or foster home. A request for Proposals (RFP) could be developed in preparation for in-home services which may also benefit the drug affected/addicted baby population.

EDUCATION MEASURES

ISSUES: EDUCATION FOR STATE AGENCY STAFF

Staff education for day care centers: The recommendation is being implemented. DES will give specialized training to DES and contract agency staff, licensed foster families, certified adoptive families and day care providers who provide direct physical care to children and adolescents with known HIV infection. Respite services are available through the assigned case manager. In-depth training has been implemented for ACYF and DDD staff. Department-wide training will be implemented in FY 1991.

The DES Office of Human Resources (OHR) will coordinate AIDS training for the department. It will:

- * Identify qualified community professional or health services organizations which are willing to provide training for DES on a volunteer basis.

- * Develop the training schedule, promote the training, enroll participants, and assemble resources;
- * Evaluate the training content and presentation to ensure highest quality.

ISSUE: EDUCATION FOR HEALTH CARE INSTITUTIONS

HIV/AIDS Education in Health Care Institutions: The recommendation is implemented. The Division of Developmental Disabilities (DDD) has developed and implemented a training module on HIV/AIDS for the Intermediate Care Facility/Mentally Retarded staff which is included in the required basic training.

SUPPORT AND TREATMENT MEASURES

ISSUES: CASE MANAGEMENT

DES would appreciate the opportunity to provide a representative in the development of a Task Force as recommended to address the issues that relate to case management and client services. There is no additional cost associated with this recommendation at this time.

ISSUE: LONG TERM CARE

Long-Term care options: The recommendation is implemented. All recommendations concerning both the short and long-term care of an HIV infected child accepted by the DES system are made by the child's appointed service team including the physician, DES case management, unit supervisor, child's guardian ad litem/CASA, potential providers/caretakers and/or adoptive parents. This service team continually monitors the placement of the child and adjusts according to the child's condition. Medical care is provided through the DES comprehensive Medical and Dental Program (CMDP).

ARIZONA DEPARTMENT OF EDUCATION (DOE)

STATUS REPORT

SEPTEMBER, 1990

Objectives for the 1990-1991 Budget Period:

- 1) The budget will remain the same as last year \$215,616. Department of Education has additional carry over funds which will make it possible for the Department to set up two regional training centers to better assist rural communities in their HIV Education and prevention efforts.
- 2) The Centers for Disease Control specifies that the Department demonstrate increases in:
 - * the number of junior and senior high school students who receive HIV education; and
 - * the number of junior and senior high school students who receive HIV education within a Comprehensive Health Education Program.

To demonstrate these increases we are required to conduct two annual surveys:

- * The HIV Educational and Policy Development Survey which is sent to over 1000 schools throughout the state, and
- * The Youth Risk Behavior Survey (YRBS) which is to be sent to approximately 50 schools, involving 2500 students at grades 9-12. This survey asks questions about individual involvement in several high risk behaviors including drug use, sexual activity and suicidal thoughts or attempts.

Both surveys are voluntary and will be encouraging full participation. 1990 will be the first attempt with the YRBS but it has been approved by the DOE Program Review Committee and has been endorsed by the National PTA, National School Board Association and National State Boards of Education. Department of Education is hoping such support will further encourage school districts to participate.

To accomplish the above objectives a number of activities have been planned including a continuation of one and two day regional training programs at no cost to the school districts; regional updates for educators and administrators who have already attended a two day intensive; regional parent education programs, and programs specifically designed for local school boards and school administrators.

The Governor's Task Force On AIDS recommendations are in complete agreement with the stated objectives of DOE. In light of diminishing resources specifically for HIV education in schools, the Department is exploring the potential of including HIV information and prevention strategies into several of the Substance Abuse Prevention Programs currently operating in many of the school districts. Student Leadership and Peer Education models have also begun to bear fruit. The Flagstaff Unified School District for instance has recently received a \$7000.00 award from the Metropolitan Life Insurance Company for their "Healthy Me" Program including \$2000.00 for the HIV Education Component. Several Arizona schools have received national recognition from the United States Department of Education (USDOE) for the their excellent substance abuse prevention programs. Most of these programs already include skill-building in areas such as refusal skills, coping with peer pressure and self-esteem enhancement projects. The USDOE also requires an annual drug use survey in conjunction with Drug Free schools funding which is conducted at both the elementary and secondary level by the Arizona Criminal Justice Commission.

EDUCATION MEASURES

ISSUE: SCHOOL-BASED EDUCATION

By the beginning of the 1989 budget period, a HIV Education specialist had been employed at the Arizona Department of Education for six months. After reviewing the results of the first AIDS/HIV Education and Policy Development Survey, which included a brief needs assessment, (see attached 1989 report), it was determined that the first priority would be to conduct eleven, two-day regional training programs which would include information on policy development, age specific curriculum suggestions, an extensive "AIDS 101" program and, whenever possible, presentations by persons living with HIV disease. It should be noted that 77% of all districts responded to the survey, despite the fact that HIV Education is not mandated. This response far exceeded projections.

The goal of the training program was three-fold:

- * to reduce the fears surrounding HIV infection and increase the comfort level among school personnel about having a child or adult with HIV in the school setting,
- * to let districts know that there was a person on staff at DOE who was available to assist them in their HIV education and policy development efforts and,
- * to build a statewide coalition of support for the concept of providing HIV instruction within the context of a comprehensive school health curriculum. The evaluations of the programs were very encouraging, and further evaluation will be accomplished when the results of the 1990 HIV Education and Policy Development Survey are compiled. DOE has hired a consultant to analyze the survey data and prepare a full data report; The DOE Education Specialist has reached approximately 40% of Arizona school districts with free, HIV educational programs. While not every district has named an HIV Education Coordinator, the person often identified is a school nurse. Several individuals working in the HIV education field are now assisting schools in their perspective counties both as volunteers and paid consultants. Seven excellent HIV educators report they have assisted over 300 schools reaching approximately 13,000 students and 880 school personnel. These individuals have attended one of DOE's two day regional workshops and additional training from DHS. These individuals and DOE staff meet on an ongoing basis to provide mutual support, share ideas and problem solve.

Since there has not been an opportunity to analyze DOE survey data, it cannot be determined whether there has been an increase in the number of Junior and/or Senior high schools, which offer HIV education. Department of Education is certainly anticipating a small increase. The familiar problem is that health instruction is not required beyond the eighth grade in Arizona, so teachers do not have a context in which to teach the subject. DOE is attempting to rectify this situation in five ways:

- 1) DOE has supported H.B. 2361, which would require instruction on Acquired Immune-deficiency Syndrome (AIDS) and the Human Immune-deficiency Virus (HIV) in grades K-12.
- 2) The Comprehensive Health Essential Skills for grades K-12 have been approved by the Arizona State Board of Education. The approval by the Board does not mandate comprehensive health in either kindergarten or grades 9-12, however it does lay a foundation for an intensive training effort to encourage participation, especially, in the upper grades.

- 3) Training programs offered during the Fall 1990 and Spring 1991 school year will have either an elementary or a secondary focus, thus allowing more time for age specific instruction and practice. Training capacity will be expanded with the use of regional training consultants and will include more information on minority issues, which hopefully will attract more high school teachers and/or administrators in our inner city schools.
- 4) DOE arranged to play a greater role in school team training this year. School teams from throughout the state come together for four days and nights to develop substance abuse prevention plans for their school or district. This year DOE will be encouraging teams to incorporate HIV information and prevention strategies into their plans. Since many of these schools do not have comprehensive health education, chemical abuse prevention programs are a logical resource.
- 5) The Comprehensive Health Unit's HIV Program sends a newsletter, every other month, to all public school district superintendents, BIA school administrators, all school nurse supervisors (over 200 statewide), all former participants in regional training programs and all county health departments and community service agencies serving youth at risk. The newsletter serves as a resource regarding upcoming events, news briefs, accolades for model HIV education programs, and in Fall, by request, a Question & Answer column. By providing support to schools who have not yet participated in trainings, DOE is hoping to motivate them to participate in the next series of workshops.

ISSUE: EDUCATION FOR STATE AGENCY STAFF

The Task Force also addressed the issue of HIV Education for DOE staff. An educational program on HIV was presented to management in June of 1989 and three consecutive employee programs were provided during the month of July 1989. The HIV Education Specialist conducted the program with the assistance DHS staff. The response was very positive. The HIV Specialists are planning an employees Update during the 1990-91 grant period.

SPECIAL NEEDS

ISSUE: YOUTH AND HIV/AIDS

On April 19-20, 1990, the Department sponsored a conference entitled, "What Works! HIV Intervention Strategies For Out-of-School Youth". Twelve agencies assisted in the planning and implementation of the event, which drew over 125 people each day, including presenters. Sixty-four agencies were represented, which is 32% of the 200 youth serving agencies registered in Arizona.

This was a good beginning and a meeting has been scheduled to evaluate our efforts and begin planning for our 1990-91 conference. The CDC has also made it possible for the Department to take school personnel, staff from agencies serving out-of-school youth and county health departments personnel to regional training centers for a 3-5 day intensive HIV education program. Representatives from Tucson Unified School District, Phoenix Union High School District, Urban League, Matrix Incorporated, Our Town Family Centers, Tumbleweed, Glendale Youth Centers, Arizona Department of Corrections and the Maricopa County Homeless Outreach Program have attended such programs.

To achieve the objective pertaining to HIV education for developmentally-delayed students, the Department invited a consultant who had experience with HIV education to this population to present a half-day workshop at the DOE annual Special Education Conference on March 2, 1990. Unfortunately, attendance was light (25 people) for this concurrent session, so a committee on HIV education for special populations has been formed to develop strategies for reaching a larger Education Programs. The new HIV education specialist has certification in Special Education and is very interested in chairing this new committee.

The Youth Risk Behavior Survey was not completed this year. The HIV Education Specialist hired to take the lead on this project resigned due to health related problems. Unfortunately, it took several months to hire a replacement and the remaining HIV specialist was already committed to numerous training projects. Upon evaluation it was determined conducting a student survey late in the year would be detrimental to the relationship between DOE and local school districts. The Drug Use Survey in Arizona Schools, conducted by the Arizona Criminal Justice Commission in cooperation with the DOE and USDOE, (United States Department of Education), has also recently been conducted in the schools. Fourteen of the questions in this survey are also included in the Youth Risk Behavior Survey.

The Centers for Disease Control also requires that the Department assist agencies serving youth who are not attending traditional school programs. The Department plans to conduct an annual conference specifically designed to assist agencies serving youth at special risk for HIV infection and will also keep these agencies updated with information through the departments HIV newsletter. A committee of representatives from CBO's serving youth at risk will be assisting the Department in planning efforts.

ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS)

STATUS REPORT

SEPTEMBER, 1990

The Arizona Department of Health Services involvement in the public health challenge posed by AIDS began in 1982 when the Centers for Disease Control (CDC) requested that all states determine retrospectively if AIDS cases had occurred and at that time DHS established prospective AIDS surveillance systems.

Since that time, DHS AIDS program, located within the Division of Disease Prevention, has grown from a zero budget and no positions to annual funding of over \$3.0 million (approximately \$450,000 state, \$2.7 million federal) and 22 staff (5 state funded, 17 federally funded). Of the funding received, approximately \$1.6 million directly supports local health departments and community organizations in their efforts against HIV infection and AIDS. In addition, more than \$200,000 is currently being utilized to purchase Zidovudine for distribution through DHS's AIDS therapy distribution program.

In July, 1990 the DHS AIDS Education staff merged with the HIV Program Section staff to create the Office of HIV/AIDS Services. Previously, the AIDS Health Education staff was part of the Office of the Office of Health Promotion and Education, and the HIV Program Section staff was part of the Office of Infectious Disease Service. Because the staffing, funding and programming mix of DHS HIV/AIDS activities have grown so significantly over the last four years, it was determined that an office on AIDS should "stand alone" rather than as part of two separate offices. Additionally, HIV/AIDS issues represent a significant public health priority in Arizona, warranting a coordinated focal point, visibility and accountability. The HIV/AIDS Epidemiology Section, is responsible for AIDS case reports, Family of Surveys and other specialized epidemiologic studies. Because this is primarily an internal organizational change, staffing and program and activities will remain virtually unchanged.

AIDS-related activities involve every division of the Department. Current programs cover a broad base of areas of HIV/AIDS, including surveillance activities, seroprevalence studies, counseling and testing programs, minority education initiatives, public information programs, and programs directed at intravenous drug users and gay/bisexual men. In addition, the Department continues to work closely with a wide variety of community agencies and with other State agencies. Details of these programs and coordination activities is included in the Task Force Report of November, 1989.

PREVENTION MEASURES

ISSUE: CONFIDENTIALITY OF HIV INFORMATION

HB 2173 contained agency sponsored sections that provide for enhanced protection of communicable disease information as recommended by the Governor's Task Force.

ISSUE: DUTY TO WARN OR PROTECT

This section of HB 2173 authorizes physicians to notify sexual and needle-sharing partners of infected individuals and health care workers exposed to infected individuals. DHS contracts with nine county health departments and require that counties assure that partner notification takes place and, as necessary or requested, perform partner notification services.

ISSUE: TESTING AND COUNSELING

DHS does not believe that a formal certification process for anonymous testing beyond county sites is either practical or in the best interest of public health. A certification process would be required and additional resources needed. Currently, DHS has adopted a permanent rule to replace the 18-month emergency rule A.A.C. R9-6-701 that would continue to require all county health departments to offer an anonymous testing option. In certain instances, under county supervision, anonymous counseling and testing is being offered at non-county sites.

ISSUE: POST-TEST COUNSELING

DHS has requested additional funding for HIV counseling without success from the State Legislature for the past several years. In addition, the DHS continues to seek additional funding from CDC for HIV counseling and testing activities.

EDUCATION MEASURES

ISSUE: HIV/AIDS EDUCATION FOR ALL ARIZONA CITIZENS

With respect to general media campaigns, the DHS serves as state liaison for CDC national media campaign, "America Responds to AIDS" which is directed toward reaching all Arizona citizens. DHS orchestrates a month-long awareness campaign during October, which is recognized as national AIDS Awareness month. DHS publishes a quarterly statewide newsletter on HIV/AIDS. This publication is distributed to over 13,500 people throughout Arizona.

ISSUE: SCHOOL-BASED EDUCATION

DHS co-developed the existing guidelines for curriculum development and continues to work cooperatively with the Department of Education. DHS funds, through CDC monies, health educators in several local health departments who in turn provide HIV education programs in schools.

ISSUE: EDUCATION FOR HEALTH CARE PROFESSIONALS AND PARAPROFESSIONALS

A clinical public health guide for physicians is being developed. This guide will include information for physicians on HIV counseling and testing, reporting requirements, evaluation and treatment issues, as well as resources for referrals. DHS staff serve on the Advisory Committee for the federally funded professional education programs at the University of Arizona and Maricopa County Area Health Education Center grant. In addition, DHS works closely on a continuing basis with the Arizona Medical Association, the Arizona Osteopathic Medical Association, and the Arizona Hospital Association on professional education issues and programs.

ISSUE: HIV/AIDS EDUCATION FOR STATE AGENCY STAFF

DHS is currently exploring methods of including information on HIV/AIDS in new employee orientation. DHS has consulted with other state agencies including the Departments of Transportation, Public Safety and Economic Security to assist them in developing HIV/AIDS workplace education programs. DHS has provided training in the past for all DHS employees on a voluntary basis.

ISSUE: OUTREACH

Currently, outreach models are used in the following funded programs: Tucson AIDS Project, for persons who are gay and IV drug abusers, high risk adolescents and IV drug abusers; Southminster Social Services to reach the Black and Hispanic community in South Phoenix; CODAMA for IV drug abusers in Maricopa County; Indian Community Health Service, Inc. to reach Native American men and women at increased risk. Subcontractors through Maricopa and Pima County Health Departments utilize a variety of outreach methods including contacts at bars and events in the gay community. DHS will be requesting additional state funds to support further outreach activities in its upcoming budget request.

ISSUE: MINORITY ISSUES

DHS currently provides \$157,000 in federal funds for AIDS education in minority communities. In addition, DHS will be requesting additional funds to augment current efforts. DHS is also providing technical assistance through the use of national minority

consultants who will conduct evaluations of existing programs. Minority contracts are written for two year periods and will continue to be supported for two years to allow Contractors adequate time to plan, implement and evaluate their HIV education programs. With regard to a comprehensive epidemiologic study of HIV/AIDS among minorities, current DHS seroprevalence studies and surveillance data do not demonstrate the need for special study.

ISSUE: YOUTH AND HIV/AIDS

DHS intends to continue to work collaboratively with DOE and to allocate staff time to identify potential sources of funds for high risk youth. DHS has funded two projects who have developed peer group leaders for the Hispanic population and high risk minority teens. In Pima County, the Tucson AIDS Project provides regular AIDS education sessions for incarcerated youth. A liaison has been established with the Training Coordinator for the Arizona Department of Corrections (DOC) and the Regional Health Administrator at Adobe Mountain. DHS will develop additional training programs in coordination with the DOC staff.

ISSUE: WOMEN AND HIV/AIDS

DHS has completed a statewide survey to assess the current status of HIV education provided in public prenatal clinics and family planning clinics. On the basis of the survey results, DHS will develop a strategy to encourage women's clinics to provide HIV education as part of routine services. DHS will be requesting supplemental CDC funds to purchase brochures specifically directed toward women. All DHS funded family planning contracts have a provision requiring contractors to provide HIV education and referral for counseling and testing when appropriate. The State Laboratory provides HIV testing services for several community based clinics that primarily serve women in several areas of Arizona, including Planned Parenthood Clinics.

ISSUE: GAY AND BISEXUAL MEN

Focus groups to supplement the formal KAB and to provide future direction to the prevention activities including a proposed media campaign have been organized. Focus groups, in combination with the formal working in the community, will provide the data needed to direct the prevention effort in the 1990's. A community planning committee should be organized by the gay community in cooperation with, not by DHS. Additional funds are needed to support the educational efforts in the gay/bisexual community including gay/bisexual men in the minority community. DHS issued a request for proposal for this target population, and one contract exists with Indian Community Health Service, Inc. for high risk men and women. In order to adequately support AIDS prevention activities in the gay/bisexual community, the DHS is requesting additional state funding through an upcoming budget request.

ISSUE: PREVENTIVE ISSUES IN CORRECTIONAL FACILITIES

This recommendation represents a policy decision on the part of the DOC. DHS is willing to provide technical assistance as necessary in developing appropriate policy.

ISSUE: DECONTAMINATION OF EMERGENCY TRANSPORT UNITS

DHS Division of Emergency Medical Services will incorporate procedures for decontaminating vehicle non-disposable equipment into its proposed statewide "Minimum Standards for Non-physician Pre-hospital Treatment and Triage of Patients Requiring Emergency Medical Services". In addition, the Division of Emergency Medical Services will require certified emergency medical service providers to maintain written policies and procedures for the decontamination of patient transportation vehicles.

ISSUE: RURAL AREAS

An assessment of current funding levels from DHS to rural health departments has been conducted. Listed below are 1990 aggregate funding levels for rural and urban counties with DHS contracts for HIV health education/risk reduction and HIV counseling and testing. Rural counties include Cochise, Coconino, La Paz, Pinal, Santa Cruz, Yavapai and Yuma. Urban counties include Maricopa and Pima.

	Total 1990 funding from ADHS	Funding per capita	Funding per AIDS case
Rural	\$253,874	\$ 0.59	\$4,231
Urban	\$484,487	\$ 0.23	\$ 462

DHS has consistently sought additional funding both from CDC and from the State of Arizona to augment current AIDS education funding levels for local health departments. Annually, DHS holds a statewide meeting of all county health department AIDS personnel in the Spring and an HIV Health Education Conference in the Fall.

ISSUE: HIV/AIDS AND CHEMICAL ADDICTION

DHS Division of Behavioral Health Services is continuing to provide funding for substance abuse programs through the administrative entity system. Recent increases in federal funding specifically for treatment of intravenous drug use has increased the number of available treatment slots. At this time, there are no plans to develop a special incentive program for out-of-treatment IV drug users to seek treatment. Instead, DHS Divisions of Behavioral Health Services and Disease Prevention will continue to work with community agencies to strengthen outreach programs designed to encourage persons both to seek treatment for substance abuse and

to reduce risk of HIV infection. The need for a special feasibility study concerning needle and syringe exchange programs is being explored. The Division of Behavioral Health Services is currently working with the Department of Economic Security and the Arizona Health Care Cost Containment System (AHCCCS) to implement a comprehensive program for drug using women. The Division of Behavioral Health Services is continuing to gather data on drug abuse in Arizona. Comprehensive data reports will be produced at the end of the fiscal year.

ISSUE: MENTAL HEALTH

The DHS Division of Behavioral Health Services is exploring the necessity and practicality of developing a task force specifically to address the issues relating to the mental health of HIV/AIDS patients.

ISSUE: FELLOWSHIP PROGRAM

As appropriate, DHS AIDS Program staff will continue to provide consultation in the development of this program.

FINANCING MEASURES

ISSUE: COST DATA

The Office of AIDS will continue to cooperate with AHCCCS and the DHS Office of Health Economics and Facilities Review in further refining methods to determine trends in health care costs due to HIV-related illness.

ARIZONA DEPARTMENT OF PUBLIC SAFETY (DPS)

STATUS REPORT

SEPTEMBER, 1990

As AIDS developed into a national health problem, issues surrounding this disease became a vital topic of concern to all members of the law enforcement community. It is well established that law enforcement personnel, paramedics, hospital workers and others are in daily contact with persons or biological specimens suspected of containing the AIDS virus.

A review of the Governor's Task Force Report on AIDS reveals several issues that will have an impact on the Department of Public Safety and law enforcement agencies in general.

PREVENTION MEASURES

ISSUE: CONFIDENTIALITY OF HIV INFORMATION

This entails several areas of concern regarding disclosure of HIV related information, civil/criminal penalties and types of information requested.

RIGHTS PROTECTION MEASURES

ISSUE: VICTIM'S RIGHTS

Advocacy groups have shown strong support for victims of violent crimes in which significant exposure to bodily fluids has been documented. These same groups support legislation giving crime victims access to HIV related information to criminal offenders.

OTHER ISSUES OF CONCERN TO LAW ENFORCEMENT

Corrections (educational testing, treatment, prevention and inter-departmental/law enforcement communications).

Discrimination

Transport Units and Crime/Accident Scene Decontaminations

HB. 2173 AIDS OMNIBUS BILL

The Department legal staff is reviewing this legislation which became law on June 1990.

SUMMARY OF COUNTY HEALTH DEPARTMENTS

CURRENT STATUS

COCHISE

Provides HIV testing and counseling, community outreach, local resource for AIDS information; develops and implements community prevention programs; train Public Health Nurses to test and counsel for HIV; is expanding programs for Hispanics and IVDU's; is implementing teenage/peer advocacy program in high schools; needs community outreach workers trained in reaching IV drug users, also need assistance in training local counselors on how to counsel persons about HIV.

COCONINO

Provides HIV testing and counseling. Currently involved in HIV education within the community and with health care professionals. Have networked with the Native American community in the county to address HIV education as well as other public health issues. Provide HIV educational materials and seminars within the county area. Have actively participated in coalitions and networked with others both in the county and the state to address HIV issues.

GRAHAM COUNTY

Provides anonymous testing with pre and post-test counseling by appointment only; distributes HIV educational literature to Family Planning Program clients and to any client diagnosed with an STD; counseling is given to all STD clients on a one-to-one-basis; all HIV related efforts are funded by the County; application for a contract with DHS will be made when the demand for this service arises. At present the demand for more resources is low.

GREENLEE

Provides anonymous testing and counseling is offered; offers preventive education to school and community based organizations; identifies clients at risk by using "AIDS High Risk Questionnaire"; no money from DHS for HIV/AIDS programs; county dollars support staff in providing services and materials.

MARICOPA

Provides risk reduction education to general community through Speaker Bureau and programs targeted at Minority women, and gay community. (through contracts with community based organizations). HIV testing and counseling is available at STD clinic and Homeless site; AIDS surveillance (case investigation, contact tracing with consent, statistical compilation); case management through HRSA grant (through 9/30/90); integrated Primary Health Care and IV drug rehabilitation to users and their families to reduce spread of HIV.

Current funding through DHS from CDC to Maricopa County includes:

\$ 95,538/year for surveillance
(80,000 state; 15,538 federal)

\$ 95,000/year for family of surveys

\$105,494/year for health education
\$157,000/year for HIV counseling and testing

Federal funding from:

\$ 407,701/FY 1990 HRSA
(Health Resource Services Administration)

\$ 375,000/FY 1990 BCHDA
(Bureau of Health Care Delivery & Assistance)

County Funding:

\$ 20,000 for volunteer coordination subcontracted to
Phoenix Shanti Group.

Additional funding is needed for health education/risk reduction in gay/bisexual community, minority communities, for sexually active adolescents, and for women at risk. Additional resources are needed to increase ability to do contact notification and tracing

NAVAJO

Provides pre and post test HIV counseling and anonymous partner notification counseling with family and friends as needed. Appropriate referrals for individuals impacted by HIV; community education via Public Health Nurses panel and videos is provided.

PIMA

Provides HIV counseling and testing; general and targeted HIV education and preventive services and education to provided targeted intervention with IVDUs and their sexual partners. Developed a risk reduction project for gay/bisexual men; Conducts media campaigns; performs disease investigation, surveillance and confidential partner notification; networks and collaborates in Pima County and around the state; working with and developing HIV education programs in ethnic minority communities.

The following is a list of resources from which Pima County receives funding. Included below are the sources of funds, the amounts, and specific areas targeted by the funds:

Source	Annual Amount	Area/Services Funded
PCHD	\$ 72,000	Program Administration Advertising/Media Campaigns.
ADHS	\$ 52,595	Surveillance, Case Investigations, and Partner Notification Assistance.
ADHS/CDC	\$104,003	HIV Health Education/Prevention/Risk Reduction.
ADHS/CDC	\$117,388	HIV Counseling and Testing Services.
NIDA	\$111,375	Intervention/Outreach/Research with IVDU's and Sexual Partners.
HRSA	\$135,000	HIV Services Planning Project.

PINAL

Provides anonymous or confidential pre and post test counseling and testing, performs surveillance activities; coordinates a speakers bureau to address community educational needs. Resources needed include HIV knowledgeable primary care providers, increased community education for both low risk and at risk populations, increased resources for providers, and increased funding for both direct care resources and prevention activities.

YAVAPAI

Provides HIV counseling and testing. Cooperated with Veterans Administration Hospital and with Yavapai Guidance Center regarding the coordination of HIV support groups. Need additional funding to expand services.

YUMA

Provides HIV counseling and testing; conducts case investigation, confidential partner notification and community education. Need additional resources to provide programs and support for people with HIV.

FUTURE PLANS

COCHISE

Developing local support groups to assist persons living with HIV disease with services, support and resources; establishing a social services committee for programs for to assist with education and prevention programs.

COCONINO

Continue to address HIV education and prevention with high risk populations. Attempting to seek funding for HIV prevention efforts. Continue to offer HIV testing and counseling. Continue to work with community based groups to address HIV issues.

GRAHAM

DHS HIV public relations staff send informative and educational articles for publication in local newspaper. Until the numbers require more than the inter-agency coordination with Cochise County health educator, no plans to expand our current offerings.

GREENLEE

Plans to provide HIV education to staff on an annual basis.

MARICOPA

Plans to develop an HIV Clinic to provide health care to both asymptomatic and symptomatic individuals, including dental and psychiatric services. Services to be coordinated with CBO's providing case management.

NAVAJO

Plans to continue coordinating with other organizations.

PIMA

Planning in collaboration with other groups in Pima County to develop, a screening clinic where asymptomatic HIV infected persons can monitor their health. The services of such a clinic would include physical examinations with immune system monitoring, psychosocial support services, behavioral counseling and support, and referrals to other resources in the community. Planning for the expansion of existing services, particularly HIV Counseling and Testing, to better address the needs of our clients. Other special projects/interventions with high risk populations or segments of our community are anticipated.

PINAL

Developing a speaker bureau to offer educational services to interested agencies. Coordinating Arizona AIDS Education Breakfast Meeting to provide for interagency networking.

YAVAPAI

Developing a community coalition.

**VI. PRIORITY LIST OF OVERSIGHT COMMITTEE
RECOMMENDATIONS**

MINORITIES AND HIV/AIDS

CURRENT STATUS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

Funds four community outreach programs in minority communities. The 1990-91 funding for AIDS education and training programs from CDC totaled approximately \$157,000 awarded to: Central Navajo AIDS Coalition; Indian Community Health Services; Pascua Yaqui Tribal Health Department; and Southminster Social Service. Minority contracts are now written and supported for 2 year periods, allowing time for planning, implementing, and evaluating education programs. Since 1987, the Department has requested additional AIDS education funding for persons at increased risk for HIV, including minority groups. However, to date, no additional funding has been provided for this purpose. The Office of the Director has initiated an DHS Working Group to review health data on ethnic minority populations in Arizona and to identify problems in the health status of ethnic minorities. To date information on minority health status is quite limited. Current DHS seroprevalence studies and surveillance data do not demonstrate the need for a comprehensive epidemiologic study of HIV/AIDS among minorities. Seroprevalence studies are in fact being conducted among clinic populations representing primarily minority populations. DHS is cognizant of the need for additional financial and human resources in order to address the prevention needs of the minority communities. DHS currently provides \$157,000 in federal funds for AIDS education in minority communities.

DEPARTMENT OF HEALTH SERVICES - OFFICE OF PLANNING AND HEALTH STATUS MONITORING

Monitors health status trends of Arizona residents with respect to natality, mortality and morbidity. Of special interest is the collective population of ethnic minority residents who represented 25 percent of the State's population in 1980 and have grown to approximately 33 percent in 1990. Available information is limited but does raise concerns for the health status of ethnic minorities. A health status perspective of minority health will be expanded by DHS in order to more fully understand and respond to the special health concerns of ethnic minorities in Arizona.

KNOWLEDGE, ATTITUDES AND BELIEFS STUDY AMONG BLACKS, HISPANICS AND NATIVE AMERICANS IN ARIZONA

The \$89,000 KAB study, funded by CDC and commissioned by DHS provides an excellent baseline for developing minority HIV/AIDS

education and health promotion materials, for rural, and urban minority communities. Health care education models often follow patterns of development and implementation which are singular in dimension. While based on sound scientific principles, unlike KAB studies these models do not take into account diversity in thought, attitude or belief.

COUNTY HEALTH DEPARTMENTS

MARICOPA COUNTY DEPARTMENT OF HEALTH SERVICES HRSA PROJECT

Awarded \$1,238,000 by the federal government in October 1988 in the form of the AIDS Service Demonstration Project. A portion of the grant funded two minority agencies, the Concilio Latino de Salud \$58,173 and the Phoenix Urban League \$33,193 to provide outreach and education. HRSA funded minority services during the first and second year of the project. During year three (90/91) minority funds are not available. However, in the proposal for fiscal year 90/91 increased case management services to minorities are targeted through addition of minority staff, staff training, proposed policy changes, and evaluation of case load at Arizona AIDS Project.

PIMA COUNTY HEALTH DEPARTMENT

In early 1990, the Pima County Health Department sponsored a nationally-aired teleconference entitled, "AIDS HAS OTHER FACES", attended by persons from community based organizations, federal, city, and county governments. The Pima County Health Department has been particularly aggressive this past summer (Summer 1990) with attempts to reach the African American community with HIV/AIDS education and risk reduction utilizing community leaders to discuss HIV-related issues. These leaders represented various educational, social service, church, and community based organizations in Tucson. As a direct result of these meetings, an African American AIDS Awareness Media Campaign was developed. Messages specifically targeted African American families with children, teens, and women-at-risk. The campaign purchased advertising space in **The Arizona Informant**, which is a well known newspaper in the African American community as well as utilizing radio, TV, billboards, and bus transit cards to distribute HIV Prevention messages. The Department has also worked with the African American community in grass-roots HIV prevention efforts. The Department participated in several Black-oriented events where literature, condoms, lubricants, and information in one-on-one sessions are distributed. The Department is currently working with various community based organizations to write a proposal that would establish a program targeting minority males. Over the past several years, the Pima County Health Department has worked closely with several minority based organizations including: El Proyecto Arizona/Sonora, the Tucson Minority Consortium, and the Tucson Urban League. The Department has also provided many in-services to organizations within the Black, Latino, and Native American communities.

COMMUNITY BASED ORGANIZATIONS

CENTRAL NAVAJO AIDS COALITION

Provides AIDS education in schools, chapter houses, worksites, WIC programs, health fairs and youth conferences. The program is funded by DHS, for \$30,000 through December 1990. The program provides education to the Youth Employment Training programs at 16 chapter houses in the Central-Navajo area.

CONCILIO LATINO DE SALUD

Provides outreach and education to members of the Hispanic community. The goal of the program is to develop a model for culturally specific support services for the Hispanic community. The Concilio has developed a curriculum to be used to educate service providers regarding cultural issues surrounding living with HIV and AIDS, death and dying. The Concilio also hosts focus groups designed to educate the Hispanic population about HIV transmission and prevention. Concilio has received in-kind contributions for ongoing media campaign to inform and update on the status of HIV/AIDS and its effect on the community. Funding for the Concilio under the Maricopa County HRSA Project has been: 1988/89, \$21,966 and 1989, \$58,173. There are no funds available for the next year due to decreasing federal funds. Since Concilio does not currently receive any funding from DHS this places current programming in jeopardy.

COPASA

Has used a broad base coalition model to address the range of issues faced within both the drug culture and the minority cultures. Educational materials have been developed in both English, Spanish and Native American dialects. Most of the agencies providing services under this project impact the minority community. Funding is from National Institute of Drug Abuse.

HEMOPHILIA ASSOCIATION

Is conducting outreach programs targeted to Hispanic and Native Americans, to reach people with clotting disorders who have been exposed to HIV. It is the policy of the Hemophilia Association to provide services to all hemophiliacs, regardless of race or ability to pay.

INTER TRIBAL COUNCIL OF ARIZONA

Provides a united effort to promote Indian self-reliance through public policy development. The council has received a grant from the Center for Disease Control for \$85,874 to provide AIDS/HIV Prevention/Intervention Education for tribes in the Phoenix Area Indian Health Service. This area covers the states of Arizona, Nevada, Utah and New Mexico.

INDIAN COMMUNITY HEALTH SERVICE

Provides education and prevention services funded by DHS for \$52,000 through December 1990. The program is targeted to urban Native American males, who unlike their openly gay white counterparts, deny homosexual behaviors. Because these men do not consider their activities to be homosexual, they do not respond to information aimed at white gay and bisexual men.

NATIONAL WARN PROJECT

Worked with high risk women for HIV prevention. Developed materials and promoted education in Spanish. Worked with other community based groups to promote HIV education.

PHOENIX URBAN LEAGUE

Conducts a Client Services/Community Program funded as part of the Maricopa County HRSA Demonstration project. The goal of this program is to reduce the spread of AIDS in the communities where minorities are most heavily concentrated in Maricopa County through education/prevention services. The target populations are high risk groups, youths, concerned institutions/agencies who present an interest and request AIDS education. The funding levels are: Fiscal year 88/89 -\$44,000 and fiscal year 89/90 - \$33,193. Funding for this project is not be available in the next fiscal year (90/91) due to decreasing federal funds. Currently the Urban League does not receive any DHS funding.

SOUTHMINSTER SOCIAL SERVICE AGENCY

Provides HIV education and risk reduction program for minority residents within South Phoenix. Conducts street outreach and community education. Funded by DHS during FY 90/91 for \$37,380.

TUCSON MINORITY CONSORTIUM

Has sponsored a conference in conjunction with the Tucson Community Foundation in 1989 to provide HIV/AIDS training and networking to minority front-line HIV/AIDS workers.

OTHER

NATIVE AMERICAN AGENCIES

In addition to the two organizations (Indian Community Health Services and Central Navajo AIDS Coalition) funded by DHS, other programs include: Pascua Yaqui Tribal Health Department (funded by DHS); the Navajo Nation AIDS Education Project (funded by U.S. Department of HHS, U.S. Conference of Mayors). AIDS Thuta Mu'a O'odham on reservation AIDS education project sponsored by La Frontera Center (funded by the U.S. Conference of Mayors)

INDIAN HEALTH SERVICES (Federal Agency)

At the National level there has been a increased budget request for funding. The House Appropriation Committee recommended a 29% increase over the requested funds. This, if passed, will potentially increase funds available within the State of Arizona.

THE SOUTHWEST BORDER RURAL HEALTH RESEARCH CENTER OF THE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

Received \$48,266 from the American Foundation for AIDS Research (AMFAR) for an AIDS risk reduction program targeting gay and bisexual Hispanic males.

FUTURE PLANS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

Should funding become available to develop media campaigns, the baseline information is available from KAB studies for campaigns relevant for Arizona's minority population. If funding is received in the 1990-91 State budget request, additional funds will be used for community minority organizations to deliver education. Although approximately 50% of all minority cases are among gay and bisexual men, there is difficulty identifying and reaching this special population. Additional funding will be requested to support programs in this area. A more formal mechanism with broader minority representation to evaluate a broader range of materials for the minority population will be developed.

COMMUNITY BASED ORGANIZATIONS

CENTRAL NAVAJO AIDS COALITION

Expand its AIDS education program to include Kayenta, Dinnebito, and other communities beyond the Central area.

HEMOPHILIA ASSOCIATION

More outreach to the Native American populations.

INTER TRIBAL COUNCIL OF ARIZONA

Present AIDS/HIV education training to tribal communities, working closely with tribal AIDS Coordinators. Coordinate with ITCS WIC tribes to conduct a Knowledge, Attitudes and Beliefs (KAB) study among WIC participants. The information will be used for program planning.

TUCSON MINORITY CONSORTIUM

Completing paperwork for incorporation as a 501 (C3) agency. The Coalition is responding to RFP's with plans to subcontract to community agencies who could provide specific services.

RECOMMENDATIONS

ANALYSIS: The HRSA grant has provided an avenue by which coordination of services for individuals in the minority communities in the Phoenix area have been pulled together. With the 1991 funding cycle, there have been no additional funding sources identified as substitutes for the HRSA monies. As of this date HRSA has discontinued funds for the Minority programs. Progress with AIDS service organizations has been achieved through networking. Agencies are slowly coming to grips with the reality that more people of color are being affected by HIV infection. To have people of color working in these agencies is the first step in meeting the outreach objectives of the agencies.

Reports of negative experiences still dominate the discussions within the community. Those needing services are reluctant to seek them because of cultural and language barriers. There is a prevailing attitude held by minorities that the majority AIDS service organizations only want people of color to pass through their organization to be counted so as to secure future funding, but not to be provided services. Some community based organizations have hired minority staff members. However, there has not been an effort made to do any targeted outreach or seek any ongoing cultural training.

Input from minority leadership in overall distribution and planning for minority HIV program development and funding has been absent. DHS minority program funding has been done on a RFP process that is not based on a statewide plan for minority programming. The past four years of funding for minority community has been summarized in Table I. This summary indicates disproportionate level of funding to the Native American community. This was done at the expense of programs in the Hispanic community and the Black community. This type of funding has the potential for causing division among the various minority coalitions that are working together to build working relationships across cultural groups. The Oversight Committee does not recommend exclusivity in funding but encourages funding for multi-cultural programs.

The Oversight Committee understands that funding decisions are based on a request for proposal. This process awards funds on the merit of a proposal. This process needs to be improved and incorporate an overall plan for minority funding that addresses the prevalence, previous funding levels, other fiscal resources, and projected need. Part of the problem is from time to time in order to do a better job one needs to reevaluate the system. The committee believes that part of the solution is the increased involvement of the minority community in the reevaluation and problem solving process. There needs to be technical assistance to minority groups to ensure not only an overall plan for

appropriate funding to each minority community but also to develop quality programs. The Oversight Committee recognizes that there is a need for a broad evaluation and planning for minority program development. In order to accomplish this and ensure dynamic programs the Committee endorses the establishment of an Office of Minority Health to work with the Office of AIDS to implement an overall minority plan that addresses the needs, both programmatic and fiscal, for AIDS prevention, HIV testing, and therapeutic intervention with the minority community.

Cultural Communities United In Health And Wellness (CCUHW) is developing a coalition to address the creation of a Office of Minority Health and Human Services. Members will assist by coordinating and implementing HIV/AIDS policy, within their respective communities state-wide and by assisting in selecting appropriate staff and funding to focus on minority health and social issues starting with HIV/AIDS. CCUHW has formally requested support and technical assistance from the national Office of Minority Health to analyze the statistical data being provided by DHS and Maricopa County Health Department.

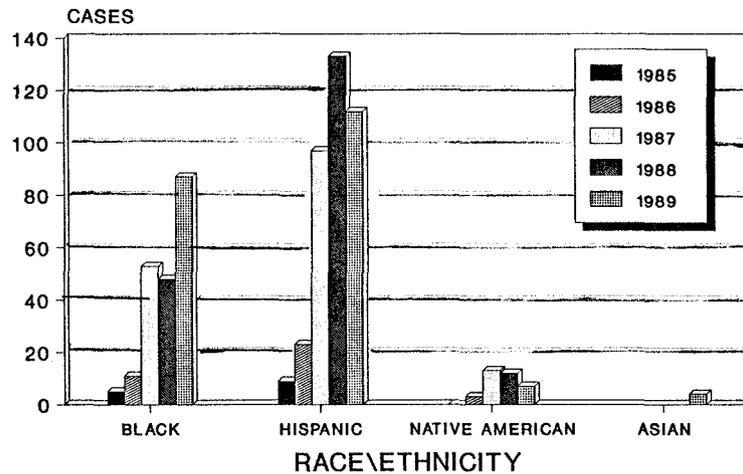
MINORITY HIV PROGRAM FUNDING FROM DHS

	1987	1988	1989	1990
Native American	Pascua Yaqui Tribe \$9,900	Pascua Yaqui Tribe \$14,000	Pascua Yaqui Tribe \$25,942	Pascua Yaqui Tribe \$36,620
	White Mt. Apache \$5,743		Central Navajo AIDS Coalition \$47,400	Central Navajo AID Coalition \$30,00
	Tohono O'odham \$6,000		Indian Community Health \$24,405	Indian Community Health \$52,000
Black	Tucson Urban League \$10,000			
	Phoenix Urban League \$10,000	Phoenix Urban League \$25,500	Phoenix Urban League \$30,000	
				Southminster Social Services \$37,380
Hispanic	Friendly House \$4,000			
	Hispanic Theatre (Pima College) \$10,000	Hispanic Theatre \$8,000	Hispanic Theatre \$8,000	
	Chicanos Por La Causa (Concilio) \$10,000			
		Clinica Adelante (Concilio) \$36,000	Clinica Adelante (Concilio) \$36,000	
	Tucson AIDS Project Hispanic Phone Lines \$2,400	Tucson AIDS Project Hispanic Phone Lines \$1,000	Tucson AIDS Project Hispanic Phone Lines \$2,500	
KAB Studies	University of Arizona Minority Survey \$20,000 (Native American)	Michael O'Neil & Assoc. \$10,000 University of Arizona \$89,000 (Black, Hispanics, Native American)		

TABLE 1

The following graphs, **FIGURE 1** and **2**, indicate the Arizona HIV infections based on ethnic categories.

Arizona HIV Infections Cases by Race by Year of Diagnosis

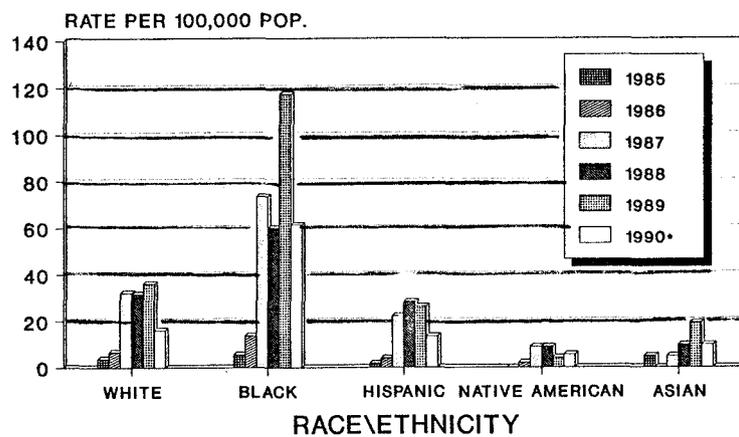


As of August 1 1990

ADHS Office of HIV/AIDS Services

FIGURE 1

Arizona HIV Infections Race Specific Rates By Year of Report



*As of 07/31/90

FIGURE 2

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Priority be given to the creation of an Office on Minority Health and Human Services to address:
 - * Increase planning and evaluation of issues specific to minority health and services.
 - * Increase communication with other Divisions of State government as indicated.
 - * Initial focus should be directed to HIV/AIDS related issues.
 - * Increase networking communication and consultation with appropriate community based groups to assure community input into the planning and evaluation process.
2. Increase networking, communication and consultation with appropriate community based groups to assure community input.
3. DHS should establish procedures for technical assistance, including needs assessment, program development, and proposal writing that would assist groups seeking funds.
4. DHS should review the Request For Proposal process for minority health grants to address ensure that:
 - * Funding should consider the incidence and epidemiology of HIV/AIDS in Arizona within the ethnic communities with attention to mode of transmission.
 - * Funding is done in coordination with other available funding sources. Department of Health Services should evaluate programs to prevent avoidable discontinuance of available services.
 - * Funding is made with knowledge of previous funding patterns within minority areas.
 - * Negotiations for funding is made contingent upon clarification of areas where proposals that appear fundable lack specificity.
5. Funding at an adequate level, based on a planning process, be made available to the minority communities and that current imbalances in funding be reminded. The Oversight Committee acknowledges that an unbalanced funding has occurred. This in no way means that communities have been over funded or even funded adequately.

GAY AND BISEXUAL MEN

CURRENT STATUS

STATE AGENCIES

ARIZONA DEPARTMENT OF HEALTH SERVICES

AIDS educators have been working directly and indirectly with the gay community since 1987. In 1988 quarterly meetings were initiated with the gay community. DHS has been seeking a broader base of participation. A formal needs assessment was completed in December 1989, in Maricopa County. A Knowledge, Attitudes and Beliefs of gay/bisexual men conducted by Arizona State University revealed that knowledge of HIV was high. However, of those surveyed many continue to engage in risk behavior although they may have made some behavior change in response to the epidemic. Focus groups were formed to supplement the formal Knowledge, Attitudes and Beliefs study and to provide direction for prevention efforts in the 90's.

COUNTY HEALTH DEPARTMENTS

MARICOPA COUNTY DEPARTMENT OF HEALTH SERVICES

Funds are available for the purpose of HIV education/risk education for gay/bisexual men. Subcontracting began in 1987, and continues at present with \$40,000 subcontracted to Community AIDS Council.

PIMA COUNTY HEALTH DEPARTMENT

The Pima County Health Department AIDS Program has worked with local community-based AIDS organizations by subcontracting with those agencies for conducting risk reduction activities in Pima County's gay and bisexual male populations. During the past two years, a health educator from the Pima County AIDS Program has worked directly with other representatives of the subcontracting agencies as a coordinator for various projects. These projects include: Conducting workshops in the community to educate men about relative risks of sexual practices; sponsoring safer sex nights in bars serving the gay community where trained volunteers pass out condoms, literature and conducted one-on-one peer education; participation in Gay Pride Week activities; produced materials targeting gay and bisexual men; writing a monthly column in the local gay newspaper publicizing project activities and providing readers with information.

COMMUNITY BASED ORGANIZATIONS

ARIZONA AIDS PROJECT

Provides educational information pertaining to spectrum of HIV, behavioral alternatives, and resources structured into a group class setting for HIV positive gay/bisexual men. This agency currently receives no funds to provide high risk HIV education/risk reduction.

LESBIAN AND GAY COMMUNITY SWITCHBOARD ARIZONA AIDS INFORMATION LINE

Provides information and referral service primarily for gays and lesbians. The Switchboard receives about 10,000 telephone calls annually with about 1500 of those calls being HIV/AIDS related with the balance of the calls concerning lesbian and gay information, referrals and issues. Current AIDS related efforts for the Switchboard/AAIL includes; operating telephone information and referral lines; providing information to the three gay/lesbian papers in town regarding anonymous HIV testing; and working with gay men's gym/club to supply free condoms. The switchboard/AAIL relies on funding from the gay and lesbian community. With the exception of an annual \$2500 contract from DHS all funds come from community donations and fund-raisers. Total annual budget is \$50,000, of which \$7500 supports the AIDS information Line. Current identified needs include, central information center for the gay community; condoms accessible in gay bars; support for the '89 Governor's Task report recommendation regarding a gay/bisexual planning committee; and joint effort by DHS and the gay community to publish a quarterly newsletter for the gay community.

PHOENIX SHANTI GROUP

Provides a six week class for HIV positive individuals, funded by the U.S. Conference of Mayors. The majority of these individuals have been gay/bisexual men (estimated at 90%). Funding for this project was \$50,000 for one year. This source of funds is non-renewable.

TUCSON AIDS PROJECT

Provides for prevention and education efforts, aimed at reaching gay and bisexual Hispanic men. The grant is among five awarded nationwide by the American Foundation for AIDS Research (AMFAR) in the category of "Men at Risk". Gay and bisexual men represent 79 percent of all AIDS cases diagnosed in Pima County, yet there has been an historic lack of funding through traditional sources for this community. The \$50,000 grant funds TAP's "Men Aloud" project, a prevention program for gay and bisexual men. Along with delivering prevention messages, it will offer support to these men through a combination of outreach, workshops, theatrical productions and phone lines. TAP supports various education and prevention programs for both the general community and specific populations, and utilizes volunteers for more effective and efficient service delivery.

OTHER

SOUTHWEST BORDER RURAL HEALTH RESEARCH CENTER UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE:

Provide for AIDS risk-reduction targeting gay and bisexual Hispanic males through an award by the American Foundation for AIDS Research (AmFar). This program will help address this issue in a positive way. The program aimed at Hispanic males in the Arizona Sonora border region, will use culturally sensitive and linguistically appropriate prevention messages, including theatrical presentations, phone hot lines, small group workshops and outreach efforts. The grant award was for \$48,266.

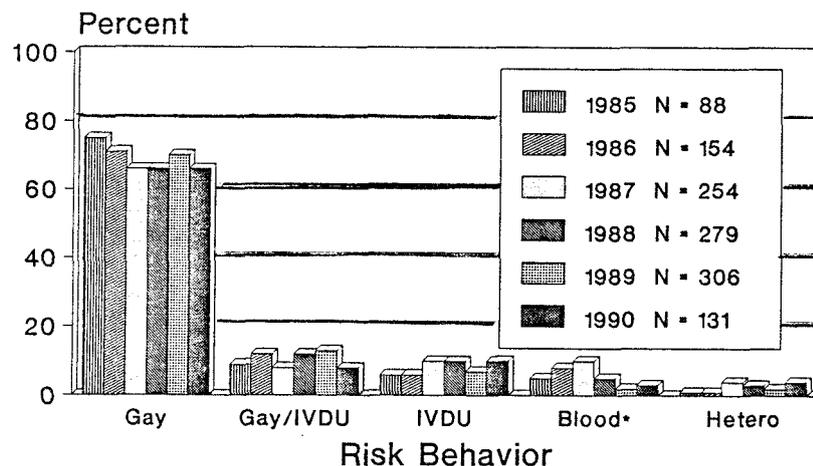
FUTURE PLANS

Future planning by community based organizations is limited based on the low to non-existent funding for gay-bisexual programs.

RECOMMENDATIONS

ANALYSIS: The Oversight Committee found little new information or resources for gay-bisexual prevention and education. In examining the epidemiology of AIDS cases (Figure 1) by risk factors, the gay/bisexual category consistently falls between 65 -75 percent. During the last six years there has not been an appreciable decline in this category.

Arizona AIDS Cases
Percentage by Risk Behavior
and Year of Diagnosis



* Includes hemophilia and transfusions
As of 07/31/90

ADHS Office of HIV/AIDS Services

FIGURE 1

The 1989 Task Force report expressed concern over both the real and perceived barriers that made educational efforts directed toward the gay and bisexual communities difficult. A major barrier is the lack of funding which has not demonstrated any appreciable difference since the first report. During the past year DHS has continued to work with the gay community. These efforts have been hindered by staff changes and lack of a staff position who has both knowledge and credibility with the gay community. Over the past six months DHS efforts to work with the gay community have effectively ceased. In light of the fact that 78 percent of all diagnosed AIDS cases in Arizona are identified as gay or bisexual, it is even more imperative to promote HIV education and early intervention with this population. To date the great majority of persons infected with HIV in Arizona have been gay/bisexual men.

DHS would prefer to see a gay/bisexual work group formed in the community and would be willing to participate in such a group. However, the Oversight Committee restates that DHS should provide leadership to establish such a group as outlined in the 1989 Task Force Report. This group should work with DHS and the community to promote, advocate, and seek funding for programs to reach the gay and bisexual community.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Adequate funding should be sought, designated specifically for gay and bisexual men, including minority gay and bisexual men. To date, the great majority of people infected with HIV in Arizona are gay and bisexual men yet funding for HIV education and prevention for gay and bisexual men has been entirely inadequate on the federal level and non-existent from the state.
2. HIV-anonymous testing should be expanded to reach gay and bisexual community through community based organizations or through mobile testing sites.
3. DHS should establish a gay/bisexual planning committee to assist in ensuring delivery of services to the gay/bisexual community. (see Task Force Report, 1989, pp. 61-62.)
4. Educational materials should be produced that are designed to effectively reach the gay and bi-sexual community since restrictions on educational materials have been loosened at the federal level.
5. Development of intervention programs to address behavior change in a constructive manner to reduce the behavioral risk for HIV.

HIV AND CHEMICAL ADDICTION

CURRENT STATUS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

The Division of Behavioral Health Services continues to provide funding for substance abuse programs through the administrative entity system. Recent federal increases in funding has increased the number of available drug treatment slots. Currently there are no plans to develop incentive type programs for out of treatment IVDU's. Instead, the divisions of Behavioral Health and Disease Prevention will continue to work with community agencies to strengthen outreach programs. Behavioral Health is exploring the issue of a needle/syringe exchange program.

COMMUNITY BASED ORGANIZATIONS

ARIZONA AIDS PROJECT

Provides services to IVDU's who are HIV positive through coordination with other local agencies.

CIRCLE

Provides education and risk reduction intervention within Maricopa County Jails to IVDU's and their sex partners. National Institute of Drug Abuse (NIDA) funding will be phased out in 1991.

CODAC

Provides HIV/AIDS education integrated into its IVDU programs. Education is also provided for staff through in-service training and AIDS updates. A curriculum has been developed for adolescents, addressing the correlation between HIV infection and substance abuse. Support groups are offered for IVDU's who are HIV positive. Funding has been provided for comprehensive treatment to pregnant women in outpatient and residential settings. Priority is given to pregnant women and adolescents. A support group is open to the IVDU community. CODAC is part of COPASA research study on HIV positive IVDU's and their sexual partners in Southern Arizona.

CODAMA

Provides directly or through subcontract an outreach education and prevention program focusing on primarily low income, minority intravenous drug users and their sexual partners. The program began in 1987 and ends December of 1990. This program offers HIV education through classes and presentations at treatment centers and shelters. The program operates an open ended support group for individuals with HIV infection and/or their sexual partners. Pre

and post test HIV counseling is offered to all clients through CODAMA's Central Intake Unit. Approximately 500 clients a year choose to take advantage of this service. Starting in October 1990 the Phoenix Shanti Group is funded by CODAMA to provide outpatient substance abuse counseling for HIV positive clients.

COPASA

Provides community outreach through a demonstration project in Southern Arizona, funded by the National Institute of Drug Abuse (NIDA) for three years. There are seven participating community agencies. The project seeks to demonstrate the effectiveness of intervention methods in changing behaviors that place IV drug users and their sexual partners at risk for HIV infection. Intervention methods will educate IVDU's and their sexual partners in ways to reduce possibility for HIV infection. Participants will be followed up at one, three, and six months to evaluate changes. The project ends in August 1991. Participating agencies are responding to RFP's to assure future funding. The project will evaluate its ability to educate, and thereby control seropositivity rates in Southern Arizona.

MATRIX

Provides drug abuse treatment and HIV/AIDS prevention services to high-risk youth. A drug abuse prevention curriculum has been developed for public schools. Matrix coordinated with the Arizona Department of Education to conduct a Youth Conference. Training has been provided to outreach workers from Our Town street program. Shelter care staff from Tucson, Fort Huachuca and Prescott have also been trained.

NATIONAL WARN PROJECT

Provided extensive street and agency outreach to women at risk including prostitutes, sexual partners of IVDU's, and women who used IV drugs. Research data were gathered to establish a baseline of behavior data and evaluate the affect of intervention on subsequent behavior change. Interventions were aimed at self esteem and empowerment models. Currently the project has closed due to lack of funding within Arizona for outreach and prevention programs. Funding was through the National Institute on Drug Abuse. This represented the only HIV women's project in the state.

PHOENIX SHANTI GROUP

Provides a 12 step program and counseling for HIV positive IVDU's both male and female. Shanti provides substance abuse counseling for HIV positive clients with funding from CODAMA. Shanti has a small contract from Behavioral Health to provide HIV education to drug treatment staff.

TUCSON AIDS PROJECT

Provides outreach and intervention to IVDU's through a variety of funding sources (COPASA, DHS) works with inmates, streets and agencies. Networks for drug treatment and waiting list placement.

TERROS

Provides HIV testing via a subcontract from the Arizona Department of Health Services. Drug treatment programs are funded through Behavioral Health Division funding and other sources.

FUTURE PLANS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

DHS Division of Behavioral Health is continuing to provide funding for drug and alcohol treatment programs through the administrative entity system. Recent increases in federal funding specifically for treatment of IV drug use has increased the number of available treatment slots. There are no plans to develop incentive programs for IV drug users not in treatment. Preference is to develop outreach programs to address HIV prevention and linkage to drug treatment. DHS is exploring the issue of needle and syringe exchange programs. DHS predicts that data from the new MIS system will produce comprehensive data reports shortly.

COMMUNITY BASED ORGANIZATIONS

COPASA

Attempting to seek funding to continue the outreach and intervention portion of this research demonstration program.

SHANTI

Plans to open 24 bed residential drug and alcohol treatment in January 1991. A funding source has not been not identified. Clients will be HIV positive with chemical addictions. Shanti is currently developing two proposals to National Institute for Drug Abuse for research funding connected to treatment.

RECOMMENDATIONS

ANALYSIS: The most glaring issue that review of both state agency and community based organization response indicates is a problem of coordination. Coordination for the purpose of funding, program development, and coordination of services. Funding is obviously a critical need. Current 1990 CDC funding directed to the target population of IV drug users is \$170,273. HIV counseling and testing costs \$47,673 of this total. These monies specifically relate to outreach programs and HIV counseling and testing within drug treatment facilities. These dollars are spread between Phoenix and Tucson. Given the estimated 13,000 individuals who need drug treatment within Arizona this funding level is totally inadequate.

Although additional drug and alcohol treatment funding has become available within Arizona the need for treatment continues to surpass the availability of treatment. In order to address this dilemma the Oversight Committee reiterates the prior recommendation related to public/private partnership to expand treatment availability and expand options in terms of modalities of treatment.

In the 1989 Task Force report a recommendation to conduct a feasibility study on needle/syringe exchange programs to reach IV drug users was identified. The state of Hawaii during their recent legislative sessions passed House Bill 280 to establish a needle/syringe exchange program. This Bill is unique in that it does not utilize federal funds but rather relies on private and local funding to implement the program. The Hawaii response is unique in that any person seeking help through the needle/syringe exchange program who requests drug treatment will be offered drug treatment. In this way the program becomes an outreach and linkage for drug users to the treatment resources. Needle/syringe exchange programs are controversial but should be viewed as potentially a public health response to combat the spread of HIV infection.

In examining the issue of HIV and chemical addiction one is aware of the "family" impact of HIV in this population. Infants born to other HIV infected through sex partners or direct drug use are a growing segment of the HIV picture. These babies are just a small indicator of the numbers of "children at risk" due to drug or alcohol exposure in utero. The dimension of HIV as a family problem is a disturbing one.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Increase in coordination, planning and funding must be addressed by the future HIV Planning Council. It is imperative that resources from state agencies work together with administrative entities and non-profit CBO's to address creative ways to work together.
2. The current CDC funding level within the state of Arizona for IVDU related HIV services must be increased. In order to effectively provide intervention and outreach to IVDU's and others it is estimated that funding minimally should be \$200,000 in both Maricopa and Pima County.
3. The proposed HIV Planning Council examine and consider the Hawaii response to needle and syringe exchange programs through use of private funds, where the model is linked to provision of drug treatment.

MENTAL HEALTH

CURRENT STATUS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

The Division of Behavioral Health is exploring the necessity and practicality of developing a task force specifically to address issues relating to the mental health of HIV/AIDS patients.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Currently mental health services for adults are very limited. (Phase in of services for children is a first priority.) Attention to the needs of AIDS-affected children will be included in the development.

COUNTY HEALTH DEPARTMENTS

Rural counties identified the need for a Task Force to address mental health issues related to HIV. Pinal County is considering reactivating a local county Task Force on Mental Health issues in general. Yavapai County has successfully networked with the Veteran's Administration Medical Center and West Yavapai Guidance Clinic to enhance support/psychological services to HIV impacted individuals.

COMMUNITY BASED ORGANIZATION

Several community based organizations, including Tucson AIDS Project, Arizona AIDS Project and Phoenix Shanti Group note that their case load of chronically mentally ill or chemically dependent clients are increasing. While community based organization's want to continue serving this population additional resources are needed. Other local organizations need to network with local mental health and drug treatment services to provide coordination of care. Most services available are utilizing volunteers. There is a need for paid staff.

FUTURE PLANS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

Currently exploring the need and logistics of developing a Task Force to address issues relating to mental health of clients with HIV disease.

RECOMMENDATIONS

ANALYSIS: Very little concerted effort has been made to address mental health care for HIV/AIDS clients. The issue of mental health becomes overwhelmed by the medical and social needs of those infected with HIV. Data reflects the increasing number of HIV infections which first manifest in clients with symptoms of depression, memory loss, or other psychological manifestations of HIV infections. Mental health needs include assessment, program development, intervention, and follow-up. These services can be developed as a part of existing systems or new systems. Additionally, the HIV related issues for chronically mentally ill and developmentally disabled individuals in terms of both prevention and intervention has been poorly addressed.

The behavioral link to the spread of infection makes it imperative that programs be developed to assist individuals to incorporate safe or safer behaviors in their lifestyle. These programs are more than simply HIV/AIDS education but rather are skill building related to behavior change. Behavior change is a process that occurs over time as a person acquires both new skills and motivation to incorporate these changes within the context of their life. These programs must be culturally specific and non-judgmental. The spread of HIV infection both nationally and worldwide impacts increasing numbers of women and children. Children will be facing issues of premature death of parents, loss of families, and living with chronic disease of either themselves or a family member. HIV is a disease that impacts families. Family members will need support and psychological services to address the issue/impact of HIV within their lives.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Programs should be developed and funded to address the special needs of seriously/chronically mentally ill persons related to HIV, particularly the prevention of HIV.

2. Funding and development of a statewide response to the issue associated to HIV infection, preventive and therapeutic for high risk adolescent population with developmental/behavioral disorders.
3. Development of a statewide response to provide for psychological assessment and intervention, through coordinated systems and therapeutic service delivery systems, for persons infected with HIV.
4. Identification of the appropriate services and assessment for children and families impacted by HIV either directly infected or impacted in a family system.
5. Development and funding for an adequate service delivery system for persons with HIV related dementia. In order to accomplish these recommendations the Oversight Committee supports the development of a task force as identified in the original report.

ADVANCES IN TREATMENT

CURRENT STATUS

UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER

The University of Arizona HIV program provides the following services:

1. Immune deficiency clinic at University of Arizona where consultation and referral are available for those infected with HIV. Also serves as a site for education of residents and fellows regarding HIV disease.
2. Clinical HIV research, utilizing multiple anti-viral, immune-modulatory and biological protocols to provide experimental treatment to those in-state residents who are HIV infected. Research also consists of documenting clinical data base on statewide HIV positive clients.
3. Education for training of residents and fellows in HIV related treatment and care.
4. In-patient consultation by staff.
5. Collaboration with HIV/AIDS community based organizations to disseminate accurate information about research protocols and referral.
6. Participation in community outreach through quarterly HIV/AIDS professional updates and newsletter and monthly HIV research meetings at University of Arizona.

The University of Arizona HIV program also works with physicians and hospitals throughout the state to coordinate care for their clients.

COMMUNITY BASED ORGANIZATIONS

PEOPLE WITH AIDS COALITION OF TUCSON

PACT works closely with other agencies and projects to provide a continuance of education and services to those diagnosed with HIV disease, their families and loved ones, and the community. Provides and coordinates Early Intervention Services; Positively Well Workshops; Immune System Testing; a variety of support/educational groups. Funds are available to assist persons with HIV who cannot afford medications. PACT advocates in the community and at the state and federal level for increasing services and funding as well as compassionate approaches to care for persons with HIV disease.

PHOENIX SHANTI GROUP

Under the auspices of Maricopa County Health Department (MCHD), SHANTI recently opened the HRSA HIV Clinic at their McDowell Center. This clinic was previously located within MCHD STD clinic. The Clinic is currently funded by a mix of HRSA funds and Maricopa County funds. The clinic currently provides care primarily to asymptomatic HIV infected clients. This clinic will serve as the base on which Shanti will incorporate the NIH Clinical Trials Research. Currently two clinical protocols are available at this site.

FUTURE PLANS

UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER

Plans are underway to expand current clinical resources to include urgent care coverage for HIV clients and a coordinated consultation service for HIV clients. Further development of the statewide network of physicians to provide HIV clinical trials is underway. The University would also like to expand the current data base by gathering clinical information from physicians involved in monitoring HIV clients. Provision of mini residencies for outlying physicians as well as specific HIV courses for physicians are needed. Phone consultation for physicians needs to be expanded. The University of Arizona also is pursuing an interface with AHCCCS in order to enhance the care of HIV positive clients and in order to analyze cost containment. Additionally, offering of research protocols to clients within DOC and Hemophilia Center is being examined.

PHOENIX SHANTI GROUP

Is developing linkages with University of Arizona and statewide physicians for community based research. As protocols become available to HIV patients, they will be available at the Phoenix Shanti Group/Maricopa County Wellness Clinic. Phoenix Shanti Group and University of Arizona are working together to offer mutual protocols on both sites. Phoenix Shanti Group will also become a training site for health care professions by Spring of 1991. Phoenix Shanti Group is working to obtain to federal/private resources and funding for research development. Phoenix Shanti Group is linked to other national and international research sites by its contract with NIH.

RECOMMENDATIONS

ANALYSIS: The University of Arizona HIV program has been the pioneer within the state to create coordinated HIV services and research availability within the State of Arizona. Phoenix Shanti Group has recently entered into this arena. The Task Force acknowledges the contributions of each entity but is concerned about the following areas:

- * Gaps in primary care provision to HIV positive persons.
- * Lack of knowledge among medical providers about addiction and treatment.
- * Difficulty in coordinating care and treatment in rural communities where HIV educated physicians may not reside.
- * Difficulty and absolute barrier of transportation for clients from extreme northern areas of the state to either Tucson, or in the future Phoenix, for consultation.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Expanded efforts by University of Arizona staff to promote HIV education of medical, nursing, and other related health care areas.
2. The University of Arizona, with AHCCCS, developed a coordinated system to promote studies and data collection regarding care and costs of care areas.
3. In-state funding be made available to support the above recommendations. The Oversight Committee suggests that this funding be a mix of state and private money. Currently the University of Arizona is writing grants to seek funds from other resources. The Oversight Committee recommends that in state funding be appropriated for the specific purpose of providing increased education to in state physicians regarding primary care of HIV positive clients. Recommended funding levels are \$100,000 for year one and \$150,000 for year two.
4. Additional resources be obtained to address treatment provision based on both longevity expectations and early intervention programs. Current funding for research in treatment relies on pharmaceutical funding and private resources. The Oversight Committee recommends that the state of Arizona should investigate ways to supplement current research and treatment areas through state funding and/or coordinated seeking of private resources.

INSURANCE

CURRENT STATUS

DEPARTMENT OF INSURANCE

Is in the process of drafting rules to implement allowable tests and testing procedures, written consent to perform a human immunodeficiency virus ("HIV") related test, procedures for confidentiality and disclosure of medical information, procedures for gathering underwriting information, and other rules that are reasonable and necessary to implement A.R.S. Section 20-448.01, as enacted by House Bill 2173. These rules will consist primarily of the Department's current "AIDS Guidelines", copies of which were provided to the Task Force during its 1989 deliberations.

Because the rule-making procedure is quite lengthy, and we do not anticipate adoption of the rules prior to September 27 effective date of House Bill 2173, the Department of Insurance has prepared a model consent form for HIV testing, as required by A.R.S. Section 20-448.01 (B). In preparing the model consent form, the Department has worked closely consistent with the consent form prescribed by that department pursuant to A.R.S. Section 36-663 (A). Until adoption of the rules, insurers may choose to use the model consent form or may submit the forms they currently use for approval by this Department.

The model consent form for use is in Appendix 5.

RECOMMENDATIONS

ANALYSIS: The Department of Insurance has worked closely with the Task Force and Oversight Committee leadership during the past two years. They are to be commended on their diligence and concern regarding HIV issues.

THE OVERSIGHT COMMITTEE RECOMMENDS:

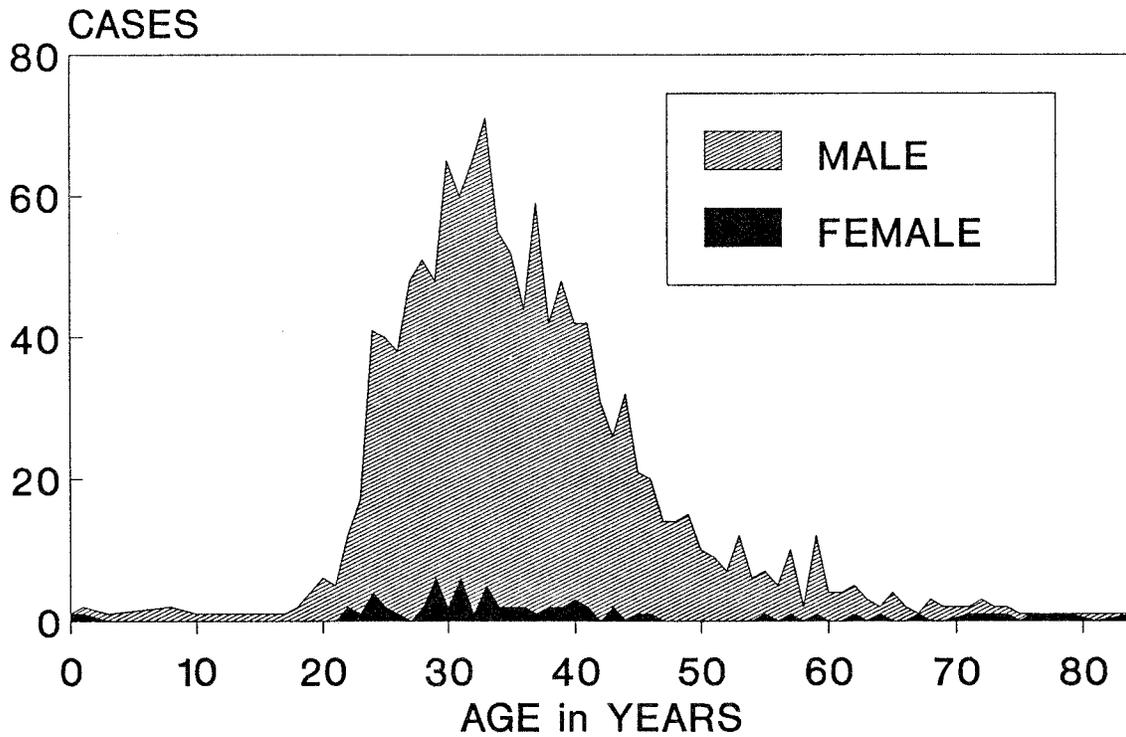
1. The Department of Insurance pursue a review of underwriting procedures related to HIV for possible action in the future.

WOMEN AND HIV/AIDS

CURRENT STATUS

National data reflects a significant increase (from 6% in 1986 to 10% in 1989) in the number of women diagnosed with AIDS> This figure does not reflect the number of women who are HIV infected. Arizona data during the past five years is reflected in the following charts:

ARIZONA AIDS CASES by Age and Sex

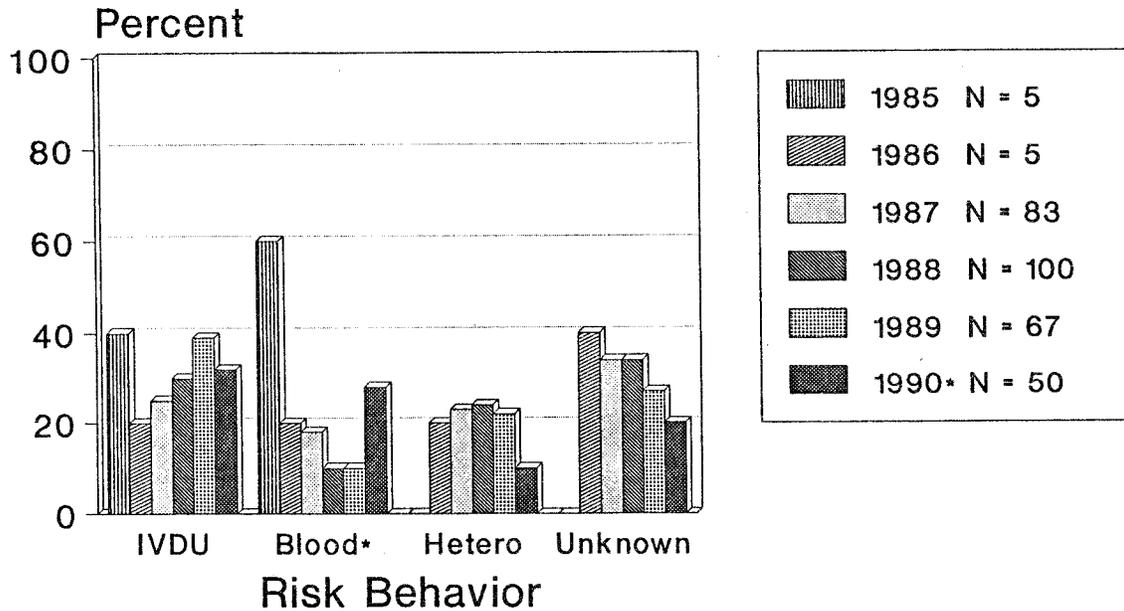


As of 09/30/90

ADHS Office of HIV/AIDS Services

FIGURE 1

Arizona Female HIV Infection Percentage by Risk Behavior and Year of Report



*As of 07/31/90

ADHS Office of HIV/AIDS Services

FIGURE 2

Figure 1 demonstrates that the majority of women diagnosed with AIDS are in their child bearing years (ages 20 - 45). Of data in Figures 2, women who are using IV drugs and women engaging in sex with a partner who is HIV infected are each important areas for Arizona to target for prevention activities. A blinded survey of childbearing women has revealed a stable rate of 0.03% (3 in 10,000 women) since the study's beginning in the summer of 1988. This means that only about 20 HIV-infected Arizona women are giving birth each year, resulting in approximately 6 HIV-infected newborns each year. This compares to similar rates elsewhere in the western U.S. Rates in New York City are approximately 1 in 80 HIV-infected women giving birth.

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

Is conducting a survey to assess current HIV education provided at prenatal and family planning clinics. Family planning contracts funded by the state now have a provision requiring contractors to provide HIV education and referral for HIV testing when appropriate. The state laboratory provides HIV testing for selected clinics that primarily serve women.

ARIZONA HEALTH CARE COST CONTAINMENT

Officials are concerned about the future of HIV testing during the prenatal period. Projections are that there will be an increase in pressure for abortion services due to the risk of delivering an HIV infected child. AHCCCS cannot provide abortions except to protect the health of the mother.

COMMUNITY BASED ORGANIZATIONS

ARIZONA AIDS PROJECT

There are very few women in AAP's caseload. The WARN Project is seeking funding for women's programs, and AAP supports this effort.

NATIONAL WARN PROJECT

This three year demonstration project ended services in June 1990 due to lack of funding. This is the only AIDS project within the state to target women at risk for prevention (IVDU's , sexual partners of IVDU's, and prostitutes). This project gathered research data as well as working to develop both agency and community based outreach and intervention. This project has worked with women in both jails and prisons who are HIV infected and women who are in need of education and counseling but have not sought an HIV test. The project director has incorporated and is seeking funds to provide HIV prevention programs and develop drug treatment services for women with children. Although similar demonstration projects in other areas of the country have been funded by local or state resources this is not occurring within Arizona due to lack of funds available and lack of priority on women's services.

PLANNED PARENTHOOD OF CENTRAL AND NORTHERN ARIZONA

Employs a full-time HIV prevention educator who works with schools, churches, hospitals, community agencies, and businesses. An effort is underway to encourage the patient population in the clinics to assess their risk factors and consider taking the HIV antibody test.

PLANNED PARENTHOOD OF SOUTHERN ARIZONA

All clients receive information and counseling on AIDS, risk reduction and assessment. Pamphlets are available.

PHOENIX SHANTI GROUP

Has women within the caseload and has attempted to provide support groups for women. Recognizes the need for expanded women's HIV services.

TUCSON AIDS PROJECT

Provides services, including women's support groups. Through existing programs COPASA, youth outreach, reaches women at risk through programs which are structured to address specific women's needs. Plans are for inter-agency coordination working with Planned Parenthood to develop better programs for women and to look for additional funding.

FUTURE PLANS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

Will develop a strategy to encourage women's clinics to provide HIV education as part of their routing services. Have requested supplemental CDC funds to purchase brochures specifically directed at women.

COMMUNITY BASED ORGANIZATIONS

ARIZONA AIDS PROJECT

If WARN Project cannot find new monies then we will incorporate women into our caseload.

HEMOPHILIA ASSOCIATION

To develop a women's support network-- discussing funding and project development with a national pharmaceutical company which has expressed interest in this project.

NATIONAL WARN PROJECT

Currently submitting applications but no funding received to date. No services provided as of June 30, 1990.

PLANNED PARENTHOOD OF CENTRAL AND NORTHERN ARIZONA

Will pursue with DHS the establishment of anonymous test sites at clinics.

PLANNED PARENTHOOD OF SOUTHERN ARIZONA

Developing Fall 1990 workshop for women.

TUCSON AIDS PROJECT

Under a small amount of funding from the Tucson Junior League developing materials addressing perinatal transmission and curriculum for health-care providers to facilitate earlier recognition of HIV presentation in infants.

RECOMMENDATIONS

ANALYSIS: Fiscal resources directed primarily to women during 1990 were greatly depleted with the closure of the WARN Project. No other single CBO receives funding directed to serve only women. Community resources have primarily been directed to education and HIV testing. Projected needed resources include increased funding to develop programs specific to women regarding transmission and treatment, expanded case management services and advocacy. Services needed for women impacted by drug and alcohol use who are at high risk for HIV infection include: treatment services specifically for HIV infection and services for women with children and pregnant addicted women. A review of service provision categories indicates that there needs to be a coordinated approach to services for women in 2 areas:

- * Services for those living with HIV, identifying the unique needs of women--especially women with children.
- * HIV prevention services for women at risk for HIV infection.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. The legislature appropriate funds to DHS and ultimately to appropriate CBO's or state agencies to provide services and outreach programs to women at risk for HIV, or infected with HIV.
2. DHS should establish procedures for technical assistance, including needs assessment, program development, and proposal writing that would assist community groups seeking funds.
3. Increase support and availability for anonymous testing in family planning clinics and sites where women receive health services. (Counseling be conducted per recommendations on page 30 of original Task Force report)
4. The state review policies regarding HIV testing during pregnancy, which necessarily raises issues of reproduction choice and significant human and fiscal costs. Reproduction choice is not meaningful when options to terminate a pregnancy are foreclosed by funding restrictions.

CORRECTIONS AND HIV/AIDS

CURRENT STATUS

STATE AGENCIES

DEPARTMENT OF CORRECTIONS

The Department of Corrections has issued a request for proposal which includes HIV education for staff and inmates and counseling. The department plans to address HIV disease as a part of the broad issue of communicable diseases. The department is establishing treatment guidelines which include post-release continuity of care. DOC is not considering the issuing of condoms in the prison setting.

A blinded Seroprevalence survey for HIV antibody testing and Hepatitis B surface antibody (anti-HBs) was conducted in early 1990 on new male inmates entering the Department of Corrections. Data was gathered from 1058 volunteers which examined limited risk behavior information and was correlated with seroprevalence results. Overall results indicated a 1.5 percent HIV antibody seroprevalence and 22.5 percent anti-HBs seroprevalence. None of the behavior risk factors including male to male sexual contact, needle sharing, or history of blood transfusion were reliable surrogate workers for HIV infection. Approximately 75 percent of all inmates volunteering for this study indicated they would volunteer for anonymous and/or confidential testing.

ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Department of Health Services is willing to provide technical assistance as necessary to Department of Corrections in developing appropriate policy.

COMMUNITY BASED ORGANIZATIONS

CIRCLE

NIDA funded project in Maricopa County Jails to provide HIV education and intervention. Conducts research on individuals at risk for HIV.

COPASA

Works with inmates to provide HIV education and to reduce behaviors that may lead to HIV infection. Has developed five unit curriculum. Presently placing inmates on treatment waiting lists for both inpatient and outpatient drug/alcohol treatment in Tucson.

PHOENIX SHANTI GROUP

Provides services within DOC including counseling for inmates and assistance after release.

TUCSON AIDS PROJECT (TAP)

Current AIDS-Related efforts include: working with Wilmot Prison inmates to publish regularly in the inmate newsletter, TOPAZ. Providing literature and conducting lectures in the drug treatment unit. TAP would like to gain access to more inmates/units to conduct peer education program. As part of COPASA, TAP has access to state prisons to conduct follow-up activities with inmates who were project participants prior to incarceration. Under funds from DHS, which targets substance abusers, TAP personnel work on a very limited budget to facilitate the above.

WARN PROJECT

Has worked with women's units for over two and a half years. Provided weekly support group for women at Perryville; and a one-on-one counseling on request at ACW and Perryville; and a support group on sexuality issues for women at Durango Jail. No funding is available for these services currently.

FUTURE PLANS

STATE AGENCIES

DEPARTMENT OF CORRECTIONS

DOC recommends that a broader approach be taken that provides training, data collection, and treatment protocols for communicable diseases, not just AIDS, and that security staff be immunized against Hepatitis B where appropriate. DOC has issued a RFP for professional services. This request includes educational programs for staff and inmates; clinical care of inmates identified as HIV+, ARC, and AIDS; gathering of statistical data; and, establishing treatment guidelines which include post-release continuity of care utilizing community resources. The award is expected prior to February 1, 1991.

HIV/AIDS MEDICATION

Over the next three years, it is anticipated that the known number of HIV positive and AIDS infected inmates will increase from 39 to 300. DOC concurs with the Task Force recommendations that AZT treatment be provide to all known infected inmates. The cost pattern is as follows:

	<u>ANNUAL INCREASE</u>	<u>CUMULATIVE INCREASE</u>
FY 1991 (1st Year)	\$146,600	\$146,600
FY 1992 (2nd Year)	\$241,700	\$388,300
FY 1993 (3rd Year)	\$241,700	\$630,000

DOC continues to provide necessary medical care and counseling to those inmates identified as HIV positive, ARC or AIDS. Treatment protocols have been updated to reflect changes recommended by the Center for Disease Control. DOC is continuing its efforts to address the issue of AIDS in the prison setting. Through an outside contractor, the issues of needs assessment, short and long term health programs, inmate and staff education, prevention and post release follow-up will be studied. This information, along with the results of blinded seroprevalence study will assist in the Department's formulation of revised policies and procedures. Policy and Procedures are being developed to address the issues of consent to test and treat, confidentiality and disclosure of information. DOC is not considering the issuing of condoms in the prison setting. The supplying of condoms remains a security issue and could be viewed as condoning acts that are in violation of DOC rules and regulations, and law.

RECOMMENDATIONS

ANALYSIS: The 1989 Governor's Task Force on AIDS Report recommended a technical assessment of short and long term health needs of HIV infected inmates. This remains to be accomplished. This needs assessment is the first step in program planning and development. The funding currently available at Department of Corrections is primarily for provision of AZT and HIV education. Staff and inmate training will be necessary need to address the maintenance of and HIV education program to educate new staff and inmates as well as to provide updated information.

Community based organizations currently working with inmates are aware of those inmates who are HIV infected but do not reveal the information to either medical staff or counselors. This is due to concern regarding confidentiality and discrimination. DOC needs to develop firm policies regarding HIV information. Guidelines for HIV pre and post test counseling need to be developed to ensure a standard for intervention at the time of the testing.

The Oversight Committee is concerned about the issue of incarcerated substance abusers. Given the link between HIV infection and drug abuse, and the fact that nationally there is an alarming increase in the number of new HIV infections among drug users, the absence of available drug treatment for incarcerated populations within Arizona is short sighted. The time-frame for incarceration represents an opportunity for intervention in this area. Currently existing programs include self-help groups, substance abuse education and limited counseling. What should be addressed is the development of units for drug/alcohol treatment. Estimates are as high as 80% of all incarcerated adults having a problem with drug/alcohol abuse.

In reviewing the DOC blind seroprevalence study the Oversight Committee encourages the DOC to design appropriate program for HIV education and HIV antibody testing and counseling. The Committee recognizes the need for education, counseling, and intervention programs to address behaviors that place the individual at risk. The Committee is encouraged by DOC's decision to address HIV education for staff and inmates. Priority should be given to proposals that utilize peer education models and involve staff and inmates in the development of the training.

The Oversight Committee is concerned about the response by DOC to the issue of preventive materials. The decision to "not consider the issuing of condoms in the prison setting" does not indicate that this issue has been studied or evaluated in terms of other states who have implemented similar programs. Nor does this address the issue of bleach or nonoxynol 9 as preventive materials. The Committee continues to support a feasibility study regarding this issue that would involve input from DOC, DHS and appropriate community based organization's.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. A blinded study should be conducted to evaluate the sero prevalence in the female population. The current blinded study does not include female inmates.
2. The state develop and coordinate a working group representing all correctional and criminal justice agencies for HIV/AIDS services.
3. Implementation of the prior recommendation regarding communication among law enforcement agencies (1989 Task Force Report, p. 70). The Oversight Committee believes that the Governor and DOC Administration should work jointly to ensure the establishment of this communication system by December 1991.
4. DOC, DHS, and appropriate community groups explore and determine the efficiency of preventive material (condoms, bleach, nonoxynol-9) availability in DOC facilities. The Committee recommends that this be done in light of research studies that are emerging from around the country which may support the efficiency of such programs.

CASE MANAGEMENT

CURRENT STATUS

STATE AGENCIES

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Case management is currently provided to most AIDS patients enrolled with AHCCCS plans. Every patient is assigned to a primary care physician. It is the decision of individual health plans whether case management is included as a benefit. Some ALTCS patients are assigned to a case manager, however the majority of AHCCCS eligible AIDS patients are not enrolled in long term care. AHCCCS is increasing the emphasis on case management, and will require documentation.

DEPARTMENT OF ECONOMIC SECURITY

Provides limited case management services to Arizona foster children. DES recommends that it not be the lead agency for HIV case management but will participate in the development of a task force to address case management issues. DES has also contracted with the Phoenix Shanti Group to provide limited case management services. Amount of this award is \$30,000 for one year.

COMMUNITY BASED ORGANIZATIONS

ARIZONA AIDS PROJECT

Replicates the Robert Wood Johnson Case Management Demonstration Projects. Designed to be the funnel through which clients enter services available in Maricopa County to meet the needs of HIV infected. Goals of case management are (1) to establish standards of care and system for delivery of services; (2) to maximize the client's choices for quality of life; and (3) to contain costs. AAP assesses, plans, procures services, coordinates services and monitors the quality of the services rendered. Emphasis is on prevention, self care, rehabilitation and promotes use of all existing resources. AAP advocates for increased funding for HIV related services. Collaborates with other agencies to provide case management services systems (i.e. Shanti, Maricopa Health Plan, private physicians, Indian Health Service, Indian Community Health Services, Tucson AIDS Project, local health departments)

PHOENIX SHANTI GROUP

Provides a Bio-Psychosocial, Multi-disciplinary Team Case Management Program consisting of Medical, Nursing, Social Service, Therapists, Community Resources, etc. Case management is at the hub of the wheel and through ongoing assessment and planning clients are linked to available resources and the different disciplines are linked into one treatment team. Shanti contracts to provide case management services in the community through DES.

TUCSON AIDS PROJECT

Currently serving clients with case management services. Funded in part by the City of Tucson; Service Area Committee; United Way; Community Development Block Grant; and private donations.

COUNTY HEALTH DEPARTMENTS

MARICOPA COUNTY HEALTH DEPARTMENT

Through Maricopa County Health Plan case management services are provided for HIV/AIDS clients based on a capitation rate. These services are provided by AAP. MCHD is currently funded by HRSA and subcontracts with AAP to provide case management services. Under this contract AAP has provided more services than originally anticipated in the proposal. The HRSA demonstration grant has served to clarify tasks and eliminate duplication of services. The grant has provided coordination of services for individuals with HIV disease. A comprehensive range of services is provided through this demonstration project rather than through the limited and often fragmented services provided before HRSA. MCHD provides case management services for IV drug users who are at risk or infected with HIV. This contract is with BCHVD and provides case management, drug treatment, and health related services.

FUTURE PLANS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Will incorporate a quality assurance program to be implemented into all AHCCCS and ALTCS plans beginning September 1, 1990.

ARIZONA AIDS PROJECT

Actively seeking new funding sources for the permanent continuation of a pro-active case management system.

PHOENIX SHANTI GROUP

Currently seeking to provide increased case management service through contracts and grant sources of funding.

TUCSON AIDS PROJECT

Plans for 1991 include budgeting \$60,000 for paid case management staff.

RECOMMENDATIONS

ANALYSIS: Case management must be able to identify and serve those who are infected with HIV disease in order to be effective. In Arizona, there are many individuals in need of HIV services. Fear of discrimination, and limited anonymous testing continue to be barriers to identification. Case management of HIV disease could be an opportunity to lead the way and strengthen the existing services for other mental and physical health needs in the State of Arizona. Case management has the potential to maximize resources effectively. There will be an increase in the initial cost to the citizens since it will mean instituting some basic services to respond to the needs of those with chronic and terminal illnesses. The long term effect should be coordinated services and reduction of cost for all chronic illnesses including HIV disease. Case management models vary from agency to agency. Some are based in medical models, some on nursing theory, some on social service formats, and yet others are eclectic. Current systems rely on a mixture of funding and volunteer services. Community based organizations who provide AIDS case management are facing difficulty with ongoing funding due to either heavy reliance on federal funding or reliance on donations.

The Oversight Committee acknowledges that an effective case management system can decrease inappropriate utilization of health services and increase appropriate utilization of health services. The Committee believes this can represent cost savings to Arizona. The recommended HIV Planning Council should monitor case managed studies from other sources to determine if there is applicability to Arizona.

Currently, third party insurers and AHCCCS providers have a broad range of case management availability. Some insurers and health plans provide no case management while others may provide services. Funding for services is inconsistent, and in fact the funding source or payor for health care services may promote use of acute care service over use of case management services. Case management services should not, and are not, limited to HIV/AIDS patients. Similar models are utilized with other health related diagnosis or often target populations. The Oversight Committee recognized the difficulties and often the barriers to these services.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Increased use and funding of community based organizations as service delivery points. Case management can significantly reduce the cost of care for people with HIV disease and yet third party payers often fail to provide coverage for this service. Funding for case management, via AHCCCS providers, should be made available to all persons with HIV disease.

2. Increase AHCCCS reimbursement for case management. AHCCCS currently provides only limited case management services for covered persons. Payment for case management can reduce reliance on higher priced medical intervention and reduce costs to the state.

LONG TERM CARE

CURRENT STATUS

STATE AGENCIES

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEMS/

ARIZONA LONG TERM CARE SYSTEM

AHCCCS/ALTC are working with the health plans and program contractors to smooth the transition between acute and Long Term Care programs. This transition is being addressed in terms of information transfer and improved provider networking for home and community based services. Eligibility criteria require major policy changes affecting the state funding portion of AHCCCS/ALTCS. Among issues to be considered are: what groups will be affected?; what is the impact on size and cost of the AHCCCS population?; should only AIDS patients be included?; and is HIV infection or AIDS the desirable screen. There have been ongoing discussions with (U.S.) Health Care Financing Administration (HCFA) for waivers regarding the 5% cap for home and community-based services. To date, these negotiations have been unsuccessful. The use of family attendants as personal care providers in home and community based services is not actively being sought. This issue needs to be examined for its impact on other issues, such as Long Term Care for Alzheimer's patients and the increase in applications it might stimulate.

DEPARTMENT OF ECONOMIC SECURITY

DES would, in conjunction with AHCCCS, appreciate the opportunity to negotiate with HCFA for family attendant care payments. Future plans regarding this issue could be addressed in FY 1991. DES identifies no additional funding costs associated with the negotiations. Additional costs would be incurred for the State/Federal match if HCFA agrees to family attendant services.

COMMUNITY BASED ORGANIZATIONS

ARIZONA AIDS PROJECT

AAP's use of Long Term Care facilities is determined by the third party payor. The Long Term Care facilities that are available are inadequate to meet the needs of the HIV/AIDS populations due to lack of staff knowledge regarding HIV care issues. The facilities are few and the staff is usually not sufficiently trained for caring for HIV/AIDS patients. AAP has tried to provide some training for the Long Term Care facilities, but is limited by staffing and funding. AAP sees two advantages in the paid family attendant program which provides appropriate health care in a home environment and income for services performed. Most family members discontinue conventional employment to provide care.

One of many problems dealing with Long Term Care facilities is the lack of clarification of criteria for admission of persons with infectious diseases. DHS should take steps to assist Long Term Care facilities to understand the criteria. There should be efforts to educate Long Term Care provides about the use of Occupational Health and Safety Administration, (OSHA) regulations.

PHOENIX SHANTI GROUP

SHANTI is a state licensed and medicare certified Home Health Care agency. SHANTI has a fee for service contract with Maricopa County Long Term Care to train attendants and nurses aides to be certified and placed with eligible Maricopa County patients. Shanti contracts with AHCCCS providers (i.e. Mercy Care, Advantage, Phoenix Health, Maricopa County Health and IPA) as well as private providers to deliver home health services. SHANTI opened a 24 bed hospice unit within the Living Center to provide residential Hospice services to patients referred from throughout the state. This unit was closed in November, 1990 due to fiscal problems. SHANTI opened the unit in December, 1990 as a 24 bed skilled nursing/hospice unit. These beds will be available based on third party payment or AHCCCS contracted rates with health plans.

COUNTY HEALTH DEPARTMENTS

PIMA COUNTY

PCHD reports that a limited number of nursing homes are willing to provide services for HIV/AIDS patients. These services are dependent on third party payers. Nursing homes in this area have attempted to address, in a limited manner, staff education and development of appropriate services via networking with Tucson AIDS Project and the county health department.

FUTURE PLANS

STATE AGENCIES

AHCCCS/ALTCS

Work will continue with health plans and programs to ensure that continuity of health care is provided and obstacles that impede the delivery of care be minimized. Every opportunity to negotiate with HCFA regarding the 5% cap, family attendant payment programs will be pursued. Information from other states that have received waivers from HCFA will assist AHCCCS/ALTCS to identify how the waiver can be pursued in Arizona.

DEPARTMENT OF ECONOMIC SECURITY

Supports development of Long Term Care Task Force. Future plans in the Department regarding this issue could be addressed in FY 1991. DES identifies no additional funding costs. Additional costs would be incurred for the State/Federal match if HCFA agree to family attendant services.

COMMUNITY BASED ORGANIZATIONS

ARIZONA AIDS PROJECT

Supports the utilization of Long Term Care facilities. Efforts should be made to expand the numbers of Long Term Care facilities through appropriate staff training. Coordination with AHCCCS and DHS to ensure utilization of facilities which have HIV/AIDS appropriate knowledge.

PHOENIX SHANTI GROUP

Developing a unique model for a continuum of Long Term Care (inpatient and outpatient services) with centralized management of care within one living environment. Shanti is concerned that Arizona not be shortsighted and plan now for the future rise in Arizona HIV infected population. Well managed, well trained residential and outpatient service centers will become a major health care need as this epidemic continues to impact Arizona.

RECOMMENDATIONS

ANALYSIS: AHCCCS/ALTCS are working with health care plans and programs to improve the services they provide to the person with HIV/AIDS. There is still a very small number of Long Term Care facilities able to provide services to individuals with AIDS. Family members are providing care in the home without payment or supervision for appropriate care. Clients are transferred back and forth between a number of health care providers and agencies causing duplication of services and increased costs. Care providers in AHCCCS are different from ALTCS.

Long Term Care facilities face several barriers in addressing HIV services (1) fear of HIV/AIDS by staff, residents of the facilities and their families and (2) cost of the care for HIV/AIDS patients.

The training and education of staff regarding HIV/AIDS is essential. The education and training should be mandatory and ongoing.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. That a report detailing the progress and obstacles in meeting the initial recommendations of the Task Force (1989 Task Force Report, pps 93-96) should be filed by December 1991 by AHCCCS administration with the Governor's Office. This Oversight Committee recommendation reflects concern that there has been a lack of progress in addressing these recommendations.

FELLOWSHIP PROGRAMS

CURRENT STATUS

DEPARTMENT OF HEALTH SERVICES

The need for expanded and intensive training in the provider community continues to exist. DHS will continue to provide consultation in the development of this program.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

The availability of well-trained primary care physicians is of considerable concern, since AHCCCS expects to have responsibility for care of more than one-half of AIDS patients. AHCCCS expects to be involved in the development of this program, but is not involved at the present time.

UNIVERSITY OF ARIZONA HEALTH SERVICES CENTER

Provides education through the fellowship and residency programs for physicians. The Rural Health Office also addresses education of health care workers through the AIDS Education Project. Area Health Education Centers throughout the state have been active in providing AIDS Education to health care workers.

COMMUNITY BASED ORGANIZATIONS

PHOENIX SHANTI GROUP

Funded in part by the National Institutes of Health through a Community Program for Clinical Research on AIDS (CPCRA) contract. The contract provides an ideal setting for fellows and physicians to partake in monthly rotations with the goal of gaining an understanding of protocol development, the research process, community trials, and the issues unique to community trials that many physicians may have faced during their training at academic centers.

FUTURE PLANS

UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER

Is addressing development of a mini-residency program for physicians in this area. Additionally, would like to develop/expand consultative services to physicians statewide.

PHOENIX SHANTI GROUP

Would like to develop both consultative and teaching resources through the HRSA HIV Clinic at McDowell Care Center and The National Institutes of Health Clinical Trials Research.

RECOMMENDATIONS

ANALYSIS: A critical need for HIV infected persons is provision of primary care. HIV infected persons have difficulty in accessing routine health care services due to both physician inhibition regarding their treatment knowledge base and concern regarding research related treatment coordination. Often, the only treatment available for a person with AIDS is through research protocols, medical management of related primary care, and access to consultative services as needed. The State of Arizona provides education for future medical practitioners. Therefore, the state educational system plays an active role in the development of medical education programs relating to HIV in the medical school.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. Development of a program to provide HIV education to practicing physicians throughout the state that will enhance the ability of primary care physicians, interns, residents, medical students, and fellows to address medical needs of HIV infected individuals.
2. That consultation should be available statewide to primary care physicians. These services should be developed and coordinated by University of Arizona in concert with others who are providing research and clinical services.
3. That AHCCCS ensure primary health care through providers who are knowledgeable about HIV related medical care to HIV infected individuals. AHCCCS should assist in ensuring that these providers are identified and education and knowledge regarding HIV is maintained.
4. Expanded education for dentists and dental hygienists to increase knowledge about HIV disease and improve the availability of dental services. The Oversight Committee recognizes that dental services are difficult to obtain due to both HIV phobia and lack of education. The Oversight Committee acknowledges that there is a great need for education to dentists and dental hygienists to increase knowledge about HIV and improve the availability of dental services.

RURAL AREAS

CURRENT STATUS

STATE AGENCIES

DEPARTMENT OF HEALTH SERVICES

The DHS Office of HIV/AIDS Services continues to work closely with rural Arizona counties in developing and implementing HIV prevention programs. Currently, DHS provides AIDS-specific funding to nine Arizona counties. In addition, assistance has been provided to all 15 county health departments in basic AIDS training, and the DHS State Laboratory has been providing HIV testing services to all county health departments at no charge for the past several years. The Office of HIV/AIDS Services nurse consultant continues to provide HIV counselor training throughout the state upon request, and the Office of HIV/AIDS Services public information officer provide technical assistance to all counties in developing AIDS media campaigns, including the CDC "American Responds to AIDS" campaign.

COUNTY HEALTH DEPARTMENTS

COCHISE COUNTY

There has not been a joint effort on the part of DHS nor rural health to establish a rural task force dedicated to HIV/AIDS. Information that is shared between rural agencies is usually done on an irregular basis with little or no support from the lead agencies to assist in implementation. DHS has not been able to readily meet rural county health department demands. Local board of supervisors are non-responsive to funding requests due to the already insurmountable budget demands placed upon the county budget. DHS needs to establish the task of soliciting foundation funding and corporate support in the battle against AIDS. Local rural organizations have no interest in supporting preventative programs to reduce the incidence of HIV. It is recognized that neither rural nor urban receive funding sufficient to meet the needs of their communities.

GREENLEE COUNTY

Receives HIV/AIDS education materials from DHS. Communities receive media services (television and newspapers) from both Tucson and Phoenix and have benefited from educational material published and presented. Has not requested additional funds for HIV/AIDS education. Will request funding when they can justify the need. At present time the department needs are met by county participation.

MARICOPA COUNTY

Approximately 15% of Maricopa County HIV/AIDS prevention and education efforts are directed to rural areas of Maricopa County. Concilio Latino de Salud education programs with migrant farm workers is funded by HRSA but will end this year. Participates in Ristra, a coalition of HIV/AIDS services providers, which is addressing HIV issues in both rural and urban areas.

NAVAJO COUNTY

Provides pre and post test counseling and anonymous partner notification is available. On-going counseling to HIV persons whether asymptomatic or symptomatic and their family and friends as needed. Appropriate referral (local, Tucson, Phoenix, etc.) for additional services. Community education via Public Health Nurses panel and videos. Received no outside funding for its activities with AIDS at present. It is unclear of future resource needs. Will depend on future demands, numbers of diagnosed cases within the county, testing requests, etc.

PIMA COUNTY

Pima County is made up of both rural and urban areas. The Health Department provides HIV-related services to the entire county, but most of the full-spectrum services are available only in Tucson. It is often necessary for a person from the outlying rural areas of Pima County to travel to Tucson to have his or her HIV needs met.

FUTURE PLANS

COUNTY HEALTH DEPARTMENTS

NAVAJO COUNTY

Plans to continue as is regarding the AIDS issue for the time being; coordinating with other organizations as the needs arise.

PIMA COUNTY

The Governor's Task Force has recommended that the state and local governments allocate more funds for HIV/AIDS prevention and education programs in rural communities. The Task Force has also recommended that county health departments should re-assess their budgets to determine whether appropriate resources are being directed toward HIV/AIDS. The Health Department agrees with these recommendations. There needs to be more ownership of the AIDS problem by local county governments. The Health Department also agrees with the Task Force's recommendation that DHS and rural health organizations should organize a working consensus conference to develop a plan to address HIV/AIDS risk reduction and service delivery in the rural areas of Arizona. The Department believes that these recommendations would start to address the lack of HIV-related services in rural areas and we would agree to participate in the consensus conference.

RECOMMENDATIONS

ANALYSIS: An assessment of current funding levels from DHS to rural health departments has been conducted. These next figures represent 1990 aggregate funding levels for rural and urban counties with the Department of Health Services contracts for HIV/AIDS health education/risk reduction and HIV counseling and testing. Total 1990 funding from the Department of Health Services to Rural counties was \$253,874 and to the urban counties it was \$484,497. Funding per capita to rural was \$0.59, and to urban it was \$0.23. Funding per AIDS case to rural was \$4231, and to urban it was \$462. This data does not support the contention that funding for rural areas is inequitable when compared to urban areas. Funding to rural areas greatly exceeds that of urban areas when compared per capita or per reported AIDS case.

The National Commission of AIDS in their third report states: "The number of new AIDS cases diagnosed in rural communities across the country is epidemic continues to be most severe in urban areas, there has been a 37 percent increase in diagnosed AIDS cases in rural areas compared to a 5 percent increase in metropolitan areas with populations of over 500,000 in just a one year period."

The Commission went further to identify several problems in rural areas: 1) an epidemic of fear and bigotry, formed by the absence of education and knowledge; 2) Non-existent AIDS education especially for rural health care workers; 3) Lack of access to primary health care services; 4) Difficulty in maintaining confidentiality; 5) Inadequate AIDS specific services; and 6) Insufficient funds to develop services. The Oversight Committee recognizes that state funding of local county health departments is an incomplete response to the issue of AIDS in rural areas.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. A study group to examine the problems and identify new resources for HIV in the rural areas. This study group should be done cooperatively by DHS Office of Local Health with the Division of Disease Prevention Services. The group should report to the newly formed HIV Planning Council by June 1991 and the group should have representation from each county health department, local AIDS community based organizations, and citizens impacted by HIV in rural areas. Based on the findings of this group resources should be sought, by DHS to address the needs of rural areas for both HIV prevention and treatment services.
2. Local rural health departments or DHS should consider contracting with urban CBO's to assist with HIV education and service.

HIV/AIDS COALITIONS

CURRENT STATUS

MARICOPA COUNTY

BLACK COALITION ON AIDS

Formed to educate and inform individuals in the African-American communities on all aspects of HIV disease. The Coalition has no funding and membership is made up of volunteers. Plans are to continue to educate through festivals, health fairs, etc. Resources are in-kind only.

CATHOLIC ALLIANCE OF MINISTERING PEOPLE WITH AIDS

Formed by the Catholic Ministry as an interdenominational alliance to provide pastoral counseling and other services for PWA's, their families, and care-givers. Other services include: spiritual retreats, individual and group counseling, therapeutic massage, support groups, and a speakers bureau. The alliance receives its funding from a Catholic organization called the Order of Malta and through other grants. The continuation of current programs and implementation of new programs are expected. Funding is provided by the Catholic Ministry, Order of Malta, and other agencies.

CULTURAL COMMUNITIES UNITED IN HEALTH AND WELLNESS

Formed after involvement with the Governor's Task Force on AIDS, to discuss the overall health issues of the minority groups in Arizona. Although it started with HIV disease, its purpose is to act as a community forum to provide ethnic communities an opportunity to meet, network, test ideas, and form new partnerships. This group interacts with other coalition such as RISTRA to speak to the specific issues of HIV. The coalition has plans to become a 501 (C3) agency. The group has participated in health fairs in the Hispanic and Black communities, and also in a forum for the Flinn Foundation report on the health of Arizonans. Resources are in-kind only.

HUMAN RESOURCES AND SERVICES ADMINISTRATION ADVISORY BOARD

The HRSA Advisory Board to Maricopa County Health Department and sub contracted through Arizona AIDS Project, the Greater Phoenix Affordable Health Care Foundation, Phoenix Shanti Group, the Black Coalition, and Concilio Latino de Salud provides services to people with HIV disease. The Board represents specific communities, cultural services, and other organizations impacted by HIV. It is their purpose to oversee the services delivery systems of the grant and to procure new monies for the continuation of services after federal monies are spent. Present and future plans include exploration of local funding sources and coalition building.

INTERFAITH AIDS NETWORK

Developed by inter-denominational clergy and interfaith spiritual leaders and professionals to educate and empower the spiritual communities on HIV disease and to provide spiritual support to those infected with the disease. It is a volunteer coalition. Currently compiling a source document on the HIV policy of the various denominations represented on the committee. Future plans are to seek some funding and to include representations by new religious and spiritual leaders. Resources are in-kind only.

THE NAVAJO NATION

NAVAJO NATION AIDS NETWORK

Formed to bring all groups on the Navajo Nation together to coordinate all the resources available. Brings groups that are both federally funded (IHS), tribal (BIA), and regional local community task forces together including county health departments. Future plans are to become a funded central clearinghouse for the Navajo Nation. At present there is no funding.

PIMA COUNTY

AFRICAN-AMERICAN OUTREACH COALITION

Formed in response to the current over representation of African-Americans in the HIV/AIDS morbidity statistics in Pima County. The goals of this coalition are to: raise the level of AIDS awareness in African-Americans in Pima County; promote education and safe behaviors using various intervention strategies; and seek funding to support projects. The coalition plans to seek funds for an HIV risk reduction/services project primarily targeting young black males. The resources for this coalition are from organizations in the African-American community and the Pima County Health Department. The resources to date have included volunteer time and educational material. There are no specific funds for this coalition.

AIDS EDUCATION ADVISORY COMMITTEE

Formed by the Pima County Health Department in 1987. The committee's purpose is to bring together AIDS educators from various agencies within Pima County to discuss, review, and plan educational activities or events. The committee has representatives from ten agencies in Pima County. Materials and personnel for the various committee activities are donated by the member agencies. The committee is currently planning education activities for AIDS awareness month (October, 1990). In-kind donations from member agencies are the resources for this committee.

COMMUNITY ADVISORY COUNCIL

Formed by the Pima County Health Department in 1987 in response to the AIDS epidemic. The main purpose of the Council is to bring together professionals from various areas to provide direction and support for community-wide AIDS activities. The Council is made up of representatives from twenty Pima County agencies and has organized several AIDS events; one of which was a legislative day where State Legislators were invited to discuss AIDS issues with the council and the community. At this time, the Council does not have any specific programs planned, although there are several that are being discussed. The Council does not have a specific funding source. Resources, including personnel, time, and some materials, are donated by member agencies. The Pima County Health Department provides most of the materials and staff time.

COMMUNITY OUTREACH PROJECT ON AIDS IN SOUTHERN ARIZONA

Formed as research/demonstration project for IVDU's and their sexual partners which the National Institute on Drug Abuse has funded for this three year project. The main purpose of this project is together research data on various types of intervention strategies with IVDU's and their sexual partners. The project also provides the participants with useful intervention/behavior change tools and needed services. COPASA is currently funded through 1992, but there are plans for extending the project through 1994 or longer. The National Institute on Drug Abuse provides, through grant funding, the majority of the resources, although each of the participating agencies is providing in-kind services.

HIV TREATMENT GROUP

Formed in Pima County, in March 1990, this group addresses issues of early intervention, treatment options, and available treatment protocols. There are several Pima County agencies participating in this group. This group is in the process of implementing an early intervention awareness campaign. The group also has future plans for a campaign to address the various treatment options available to PWA's. This group does not have its own funding source, but member agencies provide funds and materials for the specific project.

PEOPLE WITH AIDS COALITION OF TUCSON

PACT works closely with other agencies and projects to provide a continuance of education and services to those diagnosed with HIV disease, their families and loved ones, and Tucson community as a whole. Coordinates and provides Early Intervention Services; Positively Well Workshops; Immune System Testing; a variety of support and educational groups. Funds are available to assist persons with HIV who cannot afford medications. PACT advocates in the community and at the state and federal level for increasing services and funding as well as compassionate approaches to care for persons with HIV disease. Early intervention programs are a primary focus.

TUCSON MINORITY CONSORTIUM

Formed in 1988-1989 by representatives from a number of social service agencies in Tucson serving people of color. The purpose of the Consortium was to provide direction and leadership for AIDS efforts within the communities of color. The Consortium has hosted a number of AIDS-related events including a two-day workshop on HIV/AIDS and people of color. The Consortium has plans to continue to provide HIV education, prevention, and other services.

STATEWIDE

RISTRA

A coalition that brings together Arizona citizens, agencies, and organizations who are ready to address the current and future effects of the AIDS epidemic on our communities. The specific objectives of RISTRA are: to speak with a stronger, more unified voice regarding HIV/AIDS; to educate our local and state officials on HIV/AIDS issues; to advocate and initiate legislative action when necessary; to enhance the communication and networking within the HIV/AIDS community; and, coordinate with other agencies and coalitions to reduce duplication of efforts. Resources are in-kind only.

RECOMMENDATIONS

ANALYSIS: The Governor's Task Force on AIDS, in the 1989 report, did not make specific recommendations about coordination or coalitions. Rather, many of the recommendations in the report refer to the formation of working groups or task forces to address specific issues. The Task Force supports coalitions and recommends further development of these models. Coalitions can help Arizona in its response to AIDS. Coalitions bring together experts in various areas to deal with specific issues. State and local governments need to be more responsive to the input of existing coalitions. The national trend with AIDS-related projects has been toward coordination and coalition building. Arizona needs to follow this lead.

In reviewing the list of current Coalitions the following breakdown is noted:

Maricopa County - 5
Pima County - 6
Native American - 1
Statewide - 1

Many of the rural counties discussed the need for coalitions both within their county and with other rural areas. It is evident that rural counties need a network with both rural and urban areas to assist with the development of planning funding, and appropriate program development. Additionally, federal level funding, both research and service related, is being linked to coalition models. Therefore, there is a fiscal incentive to the establishment of active partnerships and coalitions who can be a part of the fiscal response.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. The State fund an HIV Planning Council to work directly with the Governor, the legislature, designated state agencies, and community-based organizations. This body needs to communicate and coordinate AIDS efforts with the existing AIDS coalitions. This will enable Arizona to better meet the needs of each aggregate group, to better utilize existing resources and plan for future needs.

HIV/AIDS COALITIONS

MARICOPA COUNTY

Black Coalition on AIDS
Catholic Alliance
Cultural Communities
HRSA Advisory Board
Inter Faith AIDS Network

NAVAJO NATION

Navajo Nation Network

PIMA COUNTY

African American Outreach Coalition
AIDS Education Advisory Council
Community AIDS Advisory Council
COPASA Community Outreach Projection AIDS in Southern Arizona
HIV Treatment and Group
Tucson Minority Consortium

STATEWIDE

RISTRA

HIV PLANNING COUNCIL

BACKGROUND

In October 1988, the Governor's Task Force on AIDS was created to develop a strategic plan to address HIV/AIDS issues within Arizona. This Task Force in their first year established committees, gathered information on programs and needs, and evaluated the response to HIV/AIDS in other states. In November, 1989 the Task Force issued their first report. This report documented a strategic, long range HIV/AIDS plan for Arizona.

The Task Force and Oversight Committee successfully achieved landmark AIDS Legislation which addressed several policy issues, the most important of which was confidentiality. This piece of legislation represented numerous groups, coalitions, and professional concerns about HIV/AIDS and was a true consensus.

In the initial report the Governor's Task Force recommended an oversight function to monitor and guide the implementation of the strategic plan outlined in the report. The Oversight Committee has assumed this responsibility during this year.

Given the daily emergence of new scientific information about HIV disease, planning efforts to control and respond to HIV/AIDS must be on-going and fluid. The impact of HIV on treatment systems, support systems, and most importantly on individuals and their loved ones is difficult to comprehend. At a number of levels within the communities and the state agencies, responsive treatment, education, and prevention are evolving. The Task Force and Oversight Committee observed and monitored this growth and changes over the past two years. The reports issued by both bodies should not be viewed as an end point but rather a starting point. The strategic plan outlined in the reports must be constantly evaluated in terms of current knowledge about the extent of HIV infection in the population and the natural history of HIV infection, and prospects for new treatments or even a vaccine.

This evaluation and the reports issued by both the Task Force and the Oversight Committee suggest that a permanent entity needs to be established to oversee the response. The critical activities of such a body would include:

- * Oversight and advice on state HIV/AIDS policies and state government responses to HIV disease,
- * Clearinghouse for information/resources,

- * Coordination among public and private agencies,
- * Advocacy for HIV/AIDS funding, legislation and programs,
- * Assist with and provide direction to future HIV/AIDS planning.

The Oversight Committee also has heard from a variety of groups and citizens about the broad range of constituents that should be involved in an HIV Planning Council. The following constituents for consideration include, minorities; communities disproportionately affected by the disease including gay/bisexual men, IV drug users, and individuals living with HIV disease and their families. Consideration should also be given to include members with knowledge of specific need areas of women and children as well as rural and urban issues. The Oversight Committee in evaluating the Ryan White Federal Legislation is cognizant of the requirement for an HIV planning body.

The need for a permanent council to monitor and support proposed programs and policies has been thoroughly reviewed and is deemed critical to the continued implementation of the strategic plan. The council would foster communication and coordination among agencies on a broad scale. The establishment of an AIDS Council is consistent with both national and other states' experience where a variety of approaches are being used to coordinate and oversee implementation of AIDS policies and programs.

THE OVERSIGHT COMMITTEE RECOMMENDS:

1. The immediate creation of the Governor's HIV Planning Council to help monitor and support proposed programs and policies including,
 - * The appointment of 9 to 12 people who can adequately represent the issues and constituencies involved.
 - * The Department of Health Services continue to provide staff support, and that the Council work closely with the newly established Office of HIV/AIDS Services.
 - * The Council be able to call upon the expertise of State officials, medical professionals, and community organization representatives to support their efforts whenever necessary.
 - * The work of the Council continue to support the previous work of the Task Force and Oversight Committee in monitoring, supporting and recommending HIV programs and policies for consideration by the Governor, the legislature and state agencies.

State of Arizona
House of Representatives
Thirty-ninth Legislature
Second Regular Session
1990

HOUSE BILL 2173

AN ACT

RELATING TO PUBLIC HEALTH AND SAFETY AND CRIMES; PRESCRIBING HUMAN IMMUNODEFICIENCY TESTING OF A CERTAIN PERSON ARRESTED OR CONVICTED OF A SEXUAL OFFENSE OR OTHER CRIME INVOLVING SIGNIFICANT EXPOSURE TO BLOOD OR BODY FLUIDS UPON CERTAIN CONDITIONS; PROVIDING FOR COURT ORDERED TESTING; PRESCRIBING CERTAIN NOTIFICATION AND COUNSELING; PRESCRIBING WRITTEN INFORMED CONSENT PRIOR TO HIV-RELATED TESTING; PROSCRIBING CERTAIN DISCLOSURE OF HIV-RELATED INFORMATION; PRESCRIBING EXCEPTIONS; PRESCRIBING PROCEDURES FOR DISCLOSURE OF CONFIDENTIAL HIV-RELATED INFORMATION; PRESCRIBING PENALTIES; PROVIDING FOR THE ACCELERATED PAYMENT OF DEATH BENEFITS IN LIFE INSURANCE POLICIES UNDER CERTAIN CIRCUMSTANCES; PRESCRIBING REQUIREMENTS FOR CERTAIN CLAIMS OF WORKMEN'S COMPENSATION RELATING TO THE HUMAN IMMUNODEFICIENCY VIRUS OR ACQUIRED IMMUNE DEFICIENCY SYNDROME; PRESCRIBING CONDITIONS FOR ESTABLISHING A PRIMA FACIE WORKMEN'S COMPENSATION CLAIM; PRESCRIBING RULES AND CERTAIN DOCUMENTATION; PRESCRIBING DEFINITIONS; PRESCRIBING ESTABLISHMENT OF A PROGRAM BY THE BOARD OF MEDICAL EXAMINERS TO EDUCATE DOCTORS REGARDING USES OF AUTOLOGOUS BLOOD TRANSFUSIONS; PRESCRIBING THAT CERTAIN DISCLOSURES OR NONDISCLOSURES OF PATIENT INFORMATION BY A DOCTOR OF MEDICINE OR A PHYSICIAN RELATING TO TEST RESULTS OF THE HUMAN IMMUNODEFICIENCY VIRUS ARE NOT ACTS OF UNPROFESSIONAL CONDUCT; PRESCRIBING DISCLOSURE REQUIREMENTS; PRESCRIBING CERTAIN CIVIL AND CRIMINAL IMMUNITY; PRESCRIBING DUTIES OF THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES RELATING TO ISOLATION AND QUARANTINE MEASURES AND PROCEDURES AND HUMAN IMMUNODEFICIENCY VIRUS TESTING; PROVIDING CERTAIN POWERS OF A LOCAL BOARD OF HEALTH OR HEALTH DEPARTMENT RELATING TO INFECTIOUS OR CONTAGIOUS DISEASE; PROVIDING CERTAIN ACCESS TO RECORDS OF A REPORTABLE COMMUNICABLE DISEASE CASE; PRESCRIBING RESTRICTIONS ON PERFORMANCE OF AN HIV-RELATED TEST; PRESCRIBING CERTAIN WRITTEN CONSENT; PRESCRIBING EXCEPTIONS; PROHIBITING RELEASE OR DISCLOSURE OF COMMUNICABLE DISEASE RELATED INFORMATION; PRESCRIBING EXCEPTIONS; PRESCRIBING REQUIREMENTS FOR DISCLOSURE PURSUANT TO A WRITTEN RELEASE OF CERTAIN COMMUNICABLE DISEASE RELATED INFORMATION; PROVIDING FOR DISCLOSURE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION BY A

COURT OR ADMINISTRATIVE BODY; PRESCRIBING A VIOLATION AND CLASSIFICATION OF A CRIMINAL OFFENSE; PROVIDING FOR CIVIL PENALTIES; PROVIDING A PRIVATE RIGHT OF ACTION FOR A PROTECTED PERSON; PROVIDING FOR THE HUMAN IMMUNODEFICIENCY VIRUS TESTING OF PRISONERS; AMENDING TITLE 13, CHAPTER 14, ARIZONA REVISED STATUTES, BY ADDING SECTION 13-1415; AMENDING TITLE 20, CHAPTER 2, ARTICLE 6, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-448.01; AMENDING TITLE 20, CHAPTER 5, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1136; AMENDING TITLE 23, CHAPTER 6, ARTICLE 8, ARIZONA REVISED STATUTES, BY ADDING SECTION 23-1043.02; AMENDING SECTION 32-1403, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1457; AMENDING SECTION 32-1803, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 17, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1860; AMENDING SECTIONS 36-136 AND 36-624, ARIZONA REVISED STATUTES, AND AMENDING TITLE 36, CHAPTER 6, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 4.

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 13, chapter 14, Arizona Revised Statutes, is
3 amended by adding section 13-1415, to read:

4 13-1415. Human immunodeficiency virus testing; victim's
5 rights; petition; definition

6 A. A VICTIM OR THE PARENT OR GUARDIAN OF A MINOR VICTIM OF A SEXUAL
7 OFFENSE OR OTHER CRIME WHICH INVOLVED SIGNIFICANT EXPOSURE AS DEFINED BY
8 THIS SECTION, MAY REQUEST THE AGENCY RESPONSIBLE FOR PROSECUTING THE
9 OFFENSE TO REQUEST THE PERSON ARRESTED TO SUBMIT TO A TEST FOR THE HUMAN
10 IMMUNODEFICIENCY VIRUS AND TO CONSENT TO THE RELEASE OF THE TEST RESULT TO
11 THE VICTIM.

12 B. IF A PERSON IS CONVICTED OF AN OFFENSE AS PRESCRIBED PURSUANT TO
13 SUBSECTION A, THE PROSECUTING ATTORNEY, IF REQUESTED BY THE VICTIM, OR, IF
14 THE VICTIM IS A MINOR, BY THE PARENT OR GUARDIAN OF THE MINOR, SHALL
15 PETITION THE COURT FOR AN ORDER REQUIRING THAT THE PERSON BE TESTED BY THE
16 STATE DEPARTMENT OF CORRECTIONS OR THE DEPARTMENT OF HEALTH SERVICES FOR
17 THE PRESENCE OF THE HUMAN IMMUNODEFICIENCY VIRUS. THE COURT SHALL
18 DETERMINE IF SUFFICIENT EVIDENCE EXISTS THAT INDICATES THAT SIGNIFICANT
19 EXPOSURE OCCURRED. IF THE COURT MAKES THIS FINDING IT SHALL ORDER THAT
20 THE TEST BE PERFORMED IN COMPLIANCE WITH RULES ADOPTED BY THE DEPARTMENT
21 OF HEALTH SERVICES.

22 C. THE DEPARTMENT OF HEALTH SERVICES SHALL NOTIFY THE VICTIM AND
23 THE PERSON TESTED OF THE RESULTS OF THE TEST CONDUCTED PURSUANT TO
24 SUBSECTION B AND SHALL COUNSEL THEM REGARDING THE HEALTH IMPLICATIONS OF
25 THE RESULTS.

26 D. NOTWITHSTANDING ANY OTHER LAW, TEST RESULTS SHALL BE RELEASED
27 ONLY TO THE VICTIM OF THE CRIME AND THE DEPARTMENT OF HEALTH SERVICES.

28 E. FOR THE PURPOSES OF THIS SECTION, "SIGNIFICANT EXPOSURE" MEANS
29 CONTACT OF THE VICTIM'S RUPTURED OR BROKEN SKIN OR MUCOUS MEMBRANES WITH A
30 PERSON'S BLOOD OR BODY FLUIDS, OTHER THAN TEARS, SALIVA OR PERSPIRATION,
31 OF A MAGNITUDE THAT THE CENTERS FOR DISEASE CONTROL HAVE EPIDEMIOLOGICALLY

1 DEMONSTRATED CAN RESULT IN TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY
2 VIRUS.

3 Sec. 2. Title 20, chapter 2, article 6, Arizona Revised Statutes,
4 is amended by adding section 20-448.01, to read:

5 20-448.01. Required insurance procedures relating to HIV
6 information; confidentiality; violations;
7 penalties

8 A. IN THIS SECTION UNLESS THE CONTEXT OTHERWISE REQUIRES:

9 1. "CONFIDENTIAL HIV-RELATED INFORMATION" MEANS INFORMATION
10 CONCERNING WHETHER A PERSON HAS HAD AN HIV-RELATED TEST OR HAS HIV
11 INFECTION, HIV-RELATED ILLNESS OR ACQUIRED IMMUNE DEFICIENCY SYNDROME AND
12 INCLUDES INFORMATION WHICH IDENTIFIES OR REASONABLY PERMITS IDENTIFICATION
13 OF THAT PERSON OR THE PERSON'S CONTACTS.

14 2. "HIV" MEANS THE HUMAN IMMUNODEFICIENCY VIRUS.

15 3. "HIV-RELATED TEST" MEANS A LABORATORY TEST OR SERIES OF TESTS
16 FOR THE VIRUS, COMPONENTS OF THE VIRUS OR ANTIBODIES TO THE VIRUS THOUGHT
17 TO INDICATE THE PRESENCE OF HIV INFECTION.

18 4. "PROTECTED PERSON" MEANS A PERSON WHO TAKES AN HIV-RELATED TEST
19 OR WHO HAS BEEN DIAGNOSED AS HAVING HIV INFECTION, ACQUIRED IMMUNE
20 DEFICIENCY SYNDROME OR HIV-RELATED ILLNESS.

21 5. "PERSON" INCLUDES ALL ENTITIES SUBJECT TO REGULATION UNDER TITLE
22 20, THE EMPLOYEES, CONTRACTORS AND AGENTS THEREOF, AND ANYONE PERFORMING
23 INSURANCE RELATED TASKS FOR SUCH ENTITIES, EMPLOYEES, CONTRACTORS OR
24 AGENTS.

25 B. EXCEPT AS OTHERWISE SPECIFICALLY AUTHORIZED OR REQUIRED BY THIS
26 STATE OR BY FEDERAL LAW, NO PERSON MAY REQUIRE THE PERFORMANCE OF, OR
27 PERFORM AN HIV-RELATED TEST WITHOUT FIRST RECEIVING THE SPECIFIC WRITTEN
28 INFORMED CONSENT OF THE SUBJECT OF THE TEST WHO HAS CAPACITY TO CONSENT
29 OR, IF THE SUBJECT LACKS CAPACITY TO CONSENT, OF A PERSON AUTHORIZED
30 PURSUANT TO LAW TO CONSENT FOR THAT PERSON. WRITTEN CONSENT SHALL BE IN A
31 FORM AS PRESCRIBED BY THE DIRECTOR.

32 C. NO PERSON WHO OBTAINS CONFIDENTIAL HIV-RELATED INFORMATION IN
33 THE COURSE OF PROCESSING INSURANCE INFORMATION OR INSURANCE APPLICATIONS
34 OR PURSUANT TO A RELEASE OF CONFIDENTIAL HIV-RELATED INFORMATION MAY
35 DISCLOSE OR BE COMPELLED TO DISCLOSE THAT INFORMATION EXCEPT TO THE
36 FOLLOWING:

37 1. THE PROTECTED PERSON OR, IF THE PROTECTED PERSON LACKS CAPACITY
38 TO CONSENT, A PERSON AUTHORIZED PURSUANT TO LAW TO CONSENT FOR THE
39 PROTECTED PERSON.

40 2. A PERSON TO WHOM DISCLOSURE IS AUTHORIZED IN WRITING PURSUANT TO
41 A RELEASE AS SET FORTH IN SUBSECTION D OF THIS SECTION, INCLUDING BUT NOT
42 LIMITED TO A PHYSICIAN DESIGNATED BY THE INSURED OR A MEDICAL INFORMATION
43 EXCHANGE FOR INSURERS OPERATED UNDER PROCEDURES INTENDED TO ENSURE
44 CONFIDENTIALITY, PROVIDED THAT IN THE CASE OF A MEDICAL INFORMATION
45 EXCHANGE:

1 (1) THE INSURER WILL NOT REPORT THAT BLOOD TESTS OF AN APPLICANT
2 SHOWED THE PRESENCE OF THE AIDS VIRUS ANTIBODIES, BUT ONLY THAT
3 UNSPECIFIED BLOOD TEST RESULTS WERE ABNORMAL.
4 (11) REPORTS MUST USE A GENERAL CODE THAT ALSO COVERS RESULTS OF
5 TESTS FOR MANY DISEASES OR CONDITIONS, SUCH AS ABNORMAL BLOOD COUNTS THAT
6 ARE NOT RELATED TO HIV, AIDS, AIDS RELATED COMPLEX OR SIMILAR DISEASES.
7 3. A GOVERNMENT AGENCY SPECIFICALLY AUTHORIZED BY LAW TO RECEIVE
8 THE INFORMATION. THE AGENCY IS AUTHORIZED TO REDISCLOSE THE INFORMATION
9 ONLY PURSUANT TO THIS SECTION OR AS OTHERWISE PERMITTED BY LAW.
10 4. A PERSON REGULATED BY THIS TITLE TO WHICH DISCLOSURE IS ORDERED
11 BY A COURT OR ADMINISTRATIVE BODY PURSUANT TO SECTION 36-665.
12 5. THE INDUSTRIAL COMMISSION OR PARTIES TO AN INDUSTRIAL COMMISSION
13 CLAIM PURSUANT TO THE PROVISIONS OF SECTION 23-908, SUBSECTION C AND
14 SECTION 23-1043.02.
15 6. TEST RESULTS AND APPLICATION RESPONSES MAY BE SHARED WITH THE
16 UNDERWRITING DEPARTMENTS OF THE INSURER AND REINSURERS, OR TO THOSE
17 CONTRACTUALLY RETAINED MEDICAL PERSONNEL, LABORATORIES, AND INSURANCE
18 AFFILIATES, EXCLUDING AGENTS AND BROKERS, WHICH ARE INVOLVED IN
19 UNDERWRITING DECISIONS REGARDING THE INDIVIDUAL'S APPLICATION IF
20 DISCLOSURE IS REASONABLY NECESSARY TO MAKE THE UNDERWRITING DECISION
21 REGARDING SUCH APPLICATION, AND CLAIMS INFORMATION MAY BE SHARED WITH
22 CLAIMS PERSONNEL AND ATTORNEYS REVIEWING CLAIMS IF DISCLOSURE IS
23 REASONABLY NECESSARY TO PROCESS AND RESOLVE CLAIMS.
24 D. A RELEASE OF CONFIDENTIAL HIV-RELATED INFORMATION PURSUANT TO
25 SUBSECTION C, PARAGRAPH 2 OF THIS SECTION SHALL BE SIGNED BY THE PROTECTED
26 PERSON OR, IF THE PROTECTED PERSON LACKS CAPACITY TO CONSENT, A PERSON
27 AUTHORIZED PURSUANT TO LAW TO CONSENT FOR THE PROTECTED PERSON. A RELEASE
28 SHALL BE DATED AND SHALL SPECIFY TO WHOM DISCLOSURE IS AUTHORIZED, THE
29 PURPOSE FOR DISCLOSURE AND THE TIME PERIOD DURING WHICH THE RELEASE IS
30 EFFECTIVE. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER
31 INFORMATION IS NOT A RELEASE OF CONFIDENTIAL HIV-RELATED INFORMATION
32 UNLESS THE AUTHORIZATION SPECIFICALLY INDICATES ITS PURPOSE AS A GENERAL
33 AUTHORIZATION AND AN AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL
34 HIV-RELATED INFORMATION AND COMPLIES WITH THE REQUIREMENTS OF THIS
35 SECTION.
36 E. A PERSON TO WHOM CONFIDENTIAL HIV-RELATED INFORMATION IS
37 DISCLOSED PURSUANT TO THIS SECTION SHALL NOT DISCLOSE THE INFORMATION TO
38 ANOTHER PERSON EXCEPT AS AUTHORIZED BY THIS SECTION. THIS SUBSECTION DOES
39 NOT APPLY TO THE PROTECTED PERSON OR A PERSON WHO IS AUTHORIZED PURSUANT
40 TO LAW TO CONSENT FOR THE PROTECTED PERSON.
41 F. IF A DISCLOSURE OF CONFIDENTIAL HIV-RELATED INFORMATION IS MADE
42 PURSUANT TO THE PROVISIONS OF A WRITTEN RELEASE AS PERMITTED BY SUBSECTION
43 C, PARAGRAPH 2 OF THIS SECTION, THE DISCLOSURE SHALL BE ACCOMPANIED BY A
44 STATEMENT IN WRITING WHICH WARNS THAT THE INFORMATION IS FROM CONFIDENTIAL
45 RECORDS WHICH ARE PROTECTED BY STATE LAW THAT PROHIBITS FURTHER DISCLOSURE
46 OF THE INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO
47 WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY LAW.

1 G. THE PERSON MAKING A DISCLOSURE IN ACCORDANCE WITH SUBSECTION C,
2 PARAGRAPHS 3, 4 AND 5, AND SUBSECTION F OF THIS SECTION SHALL KEEP A
3 RECORD OF ALL DISCLOSURES FOR THE TIME PERIOD PRESCRIBED BY THE DIRECTOR.
4 ON REQUEST, A PROTECTED PERSON OR HIS LEGAL REPRESENTATIVE SHALL HAVE
5 ACCESS TO THE RECORD.

6 H. EXCEPT AS OTHERWISE PROVIDED PURSUANT TO THIS SECTION OR SUBJECT
7 TO AN ORDER OR SEARCH WARRANT ISSUED PURSUANT TO SECTION 36-665, NO PERSON
8 WHO RECEIVES CONFIDENTIAL HIV-RELATED INFORMATION PURSUANT TO A RELEASE OF
9 CONFIDENTIAL HIV-RELATED INFORMATION MAY DISCLOSE THAT INFORMATION TO
10 ANOTHER PERSON OR LEGAL ENTITY OR BE COMPELLED BY SUBPOENA, ORDER, SEARCH
11 WARRANT OR OTHER JUDICIAL PROCESS TO DISCLOSE THAT INFORMATION TO ANOTHER
12 PERSON OR LEGAL ENTITY.

13 I. THE DIRECTOR SHALL ADOPT RULES TO IMPLEMENT THE ALLOWABLE TESTS
14 AND TESTING PROCEDURES, WRITTEN CONSENT TO PERFORM A HUMAN
15 IMMUNODEFICIENCY VIRUS RELATED TEST, PROCEDURES FOR CONFIDENTIALITY AND
16 DISCLOSURE OF MEDICAL INFORMATION AND PROCEDURES FOR GATHERING
17 UNDERWRITING INFORMATION AND MAY ADOPT ADDITIONAL RULES REASONABLE AND
18 NECESSARY TO IMPLEMENT THIS SECTION.

19 J. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY,
20 NOTHING IN THIS SECTION SHALL BE INTERPRETED TO RESTRICT THE DIRECTOR'S
21 AUTHORITY TO FULL ACCESS TO RECORDS OF ANY ENTITY SUBJECT TO REGULATION
22 UNDER TITLE 20, INCLUDING BUT NOT LIMITED TO ALL RECORDS CONTAINING
23 CONFIDENTIAL HIV-RELATED INFORMATION. THE DIRECTOR MAY ONLY REDISCLOSE
24 CONFIDENTIAL HIV-RELATED INFORMATION IN ACCORDANCE WITH THIS SECTION.

25 K. A PROTECTED PERSON, WHOSE RIGHTS PROVIDED IN THIS SECTION HAVE
26 BEEN VIOLATED BY A PERSON OR ENTITY DESCRIBED IN SUBSECTION A, PARAGRAPH 5
27 OF THIS SECTION, HAS THOSE INDIVIDUAL REMEDIES SPECIFIED IN SECTION
28 20-2118 AGAINST SUCH A PERSON OR ENTITY.

29 Sec. 3. Title 20, chapter 5, article 1, Arizona Revised Statutes,
30 is amended by adding section 20-1136, to read:

31 20-1136. Accelerated payments of certain benefits in life
32 insurance policies

33 A. NOTWITHSTANDING ANY OTHER PROVISION OF THIS TITLE, ANY POLICY OF
34 LIFE INSURANCE MAY PROVIDE, IN ACCORDANCE WITH THE PROVISIONS OF
35 SUBSECTION B, FOR THE ACCELERATION OF DEATH BENEFITS IN ADVANCE OF THE
36 TIME SUCH BENEFITS WOULD OTHERWISE BE PAYABLE UPON THE OCCURRENCE OF A
37 TERMINAL ILLNESS, A CATASTROPHIC ILLNESS, OR ELIGIBILITY FOR LONG TERM
38 CARE.

39 B. THE DIRECTOR MAY ADOPT RULES REGARDING ADVERTISING, DISCLOSURE,
40 BENEFIT LEVELS, BENEFIT ELIGIBILITY, NONFORFEITURE, AND RESERVES FOR THE
41 ACCELERATED PAYMENT OF DEATH BENEFITS SET FORTH UNDER SUBSECTION A.

42 Sec. 4. Title 23, chapter 6, article 8, Arizona Revised Statutes,
43 is amended by adding section 23-1043.02, to read:

44 23-1043.02. Human immunodeficiency virus; establishing
45 exposure; definition

46 A. A CLAIM FOR A CONDITION, INFECTION, DISEASE OR DISABILITY
47 INVOLVING OR RELATED TO THE HUMAN IMMUNODEFICIENCY VIRUS OR ACQUIRED
48 IMMUNE DEFICIENCY SYNDROME SHALL INCLUDE THE OCCURRENCE OF A SIGNIFICANT

1 EXPOSURE AS DEFINED IN THIS SECTION AND, EXCEPT AS PROVIDED IN SUBSECTION
2 B OF THIS SECTION, SHALL BE PROCESSED AND DETERMINED UNDER THE PROVISIONS
3 OF THIS CHAPTER AND APPLICABLE PRINCIPLES OF LAW.
4 B. NOTWITHSTANDING ANY OTHER LAW, AN EMPLOYEE WHO SATISFIES THE
5 FOLLOWING CONDITIONS PRESENTS A PRIMA FACIE CLAIM FOR A CONDITION,
6 INFECTION, DISEASE OR DISABILITY INVOLVING OR RELATED TO THE HUMAN
7 IMMUNODEFICIENCY VIRUS OR ACQUIRED IMMUNE DEFICIENCY SYNDROME IF THE
8 MEDICAL EVIDENCE SHOWS TO A REASONABLE DEGREE OF MEDICAL PROBABILITY THAT
9 THE EMPLOYEE SUSTAINED A SIGNIFICANT EXPOSURE WITHIN THE MEANING OF THIS
10 SECTION:
11 1. THE EMPLOYEE'S REGULAR COURSE OF EMPLOYMENT INVOLVES HANDLING OR
12 EXPOSURE TO BLOOD OR BODY FLUIDS, OTHER THAN TEARS, SALIVA OR
13 PERSPIRATION, INCLUDING HEALTH CARE PROVIDERS AS DEFINED IN TITLE 36,
14 CHAPTER 6, ARTICLE 4, FORENSIC LABORATORY WORKERS, FIRE FIGHTERS, LAW
15 ENFORCEMENT OFFICERS, EMERGENCY MEDICAL TECHNICIANS, PARAMEDICS AND
16 CORRECTIONAL OFFICERS.
17 2. WITHIN TEN CALENDAR DAYS AFTER A POSSIBLE SIGNIFICANT EXPOSURE
18 WHICH ARISES OUT OF AND IN THE COURSE OF HIS EMPLOYMENT, THE EMPLOYEE
19 REPORTS IN WRITING TO THE EMPLOYER THE DETAILS OF THE EXPOSURE. THE
20 EMPLOYER SHALL NOTIFY ITS INSURANCE CARRIER OR CLAIMS PROCESSOR OF THE
21 REPORT. FAILURE OF THE EMPLOYER TO NOTIFY THE INSURANCE CARRIER IS NOT A
22 DEFENSE TO A CLAIM BY THE EMPLOYEE.
23 3. THE EMPLOYEE HAS BLOOD DRAWN WITHIN TEN DAYS AFTER THE POSSIBLE
24 SIGNIFICANT EXPOSURE, THE BLOOD IS TESTED FOR THE HUMAN IMMUNODEFICIENCY
25 VIRUS BY ANTIBODY TESTING WITHIN THIRTY DAYS AFTER THE EXPOSURE AND THE
26 TEST RESULTS ARE NEGATIVE.
27 4. THE EMPLOYEE IS TESTED OR DIAGNOSED, ACCORDING TO CLINICAL
28 STANDARDS ESTABLISHED BY THE CENTERS FOR DISEASE CONTROL OF THE UNITED
29 STATES PUBLIC HEALTH SERVICE, AS POSITIVE FOR THE PRESENCE OF THE HUMAN
30 IMMUNODEFICIENCY VIRUS WITHIN EIGHTEEN MONTHS AFTER THE DATE OF THE
31 POSSIBLE SIGNIFICANT EXPOSURE.
32 C. ON PRESENTATION OR SHOWING OF A PRIMA FACIE CLAIM UNDER THIS
33 SECTION, THE EMPLOYER MAY PRODUCE SPECIFIC, RELEVANT AND PROBATIVE
34 EVIDENCE TO DISPUTE THE UNDERLYING FACTS, TO CONTEST WHETHER THE EXPOSURE
35 WAS SIGNIFICANT AS DEFINED IN THIS SECTION, OR TO ESTABLISH AN ALTERNATIVE
36 SIGNIFICANT EXPOSURE INVOLVING THE PRESENCE OF THE HUMAN IMMUNODEFICIENCY
37 VIRUS.
38 D. A PERSON ALLEGED TO BE A SOURCE OF A SIGNIFICANT EXPOSURE SHALL
39 NOT BE COMPELLED BY SUBPOENA OR OTHER COURT ORDER TO RELEASE CONFIDENTIAL
40 HUMAN IMMUNODEFICIENCY VIRUS RELATED INFORMATION EITHER BY DOCUMENT OR BY
41 ORAL TESTIMONY. EVIDENCE OF THE ALLEGED SOURCE'S HUMAN IMMUNODEFICIENCY
42 VIRUS STATUS MAY BE INTRODUCED BY EITHER PARTY IF THE ALLEGED SOURCE
43 KNOWINGLY AND WILLINGLY CONSENTS TO THE RELEASE OF THAT INFORMATION.
44 E. NOTWITHSTANDING TITLE 36, CHAPTER 6, ARTICLE 4, MEDICAL
45 INFORMATION REGARDING THE EMPLOYEE OBTAINED BY A PHYSICIAN OR SURGEON IS
46 SUBJECT TO THE PROVISIONS OF SECTION 23-908, SUBSECTION C.

1 F. THE COMMISSION BY RULE SHALL PRESCRIBE REQUIREMENTS AND FORMS
2 REGARDING EMPLOYEE NOTIFICATION OF THE REQUIREMENTS OF THIS SECTION AND
3 THE PROPER DOCUMENTATION OF A SIGNIFICANT EXPOSURE.

4 G. FOR THE PURPOSES OF THIS SECTION, "SIGNIFICANT EXPOSURE" MEANS
5 CONTACT OF AN EMPLOYEE'S RUPTURED OR BROKEN SKIN OR MUCOUS MEMBRANE WITH A
6 PERSON'S BLOOD OR BODY FLUIDS, OTHER THAN TEARS, SALIVA OR PERSPIRATION,
7 OF A MAGNITUDE THAT THE CENTERS FOR DISEASE CONTROL HAVE EPIDEMIOLOGICALLY
8 DEMONSTRATED CAN RESULT IN TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY
9 VIRUS. FOR PURPOSES OF FILING A CLAIM UNDER THIS SECTION, SIGNIFICANT
10 EXPOSURE DOES NOT INCLUDE SEXUAL ACTIVITY OR ILLEGAL DRUG USE.

11 Sec. 5. Section 32-1403, Arizona Revised Statutes, is amended to
12 read:

13 32-1403. Powers and duties of the board; compensation;
14 immunity

15 A. The primary duty of the board is to protect the public from
16 unlawful, incompetent, unqualified, impaired or unprofessional
17 practitioners of allopathic medicine through licensure, regulation and
18 rehabilitation of the profession in this state. The powers and duties of
19 the board include:

20 1. Physical, psychological, psychiatric and competency testing of
21 licensed physicians and candidates for licensure as may be determined
22 necessary by the board.

23 2. Investigating and determining unprofessional conduct and
24 incompetency.

25 3. Developing and recommending standards governing the profession.

26 4. Granting licenses as provided in this chapter.

27 5. Disciplining and rehabilitating physicians.

28 6. Engaging in a full exchange of information with the licensing
29 and disciplinary boards and medical associations of other states and
30 jurisdictions of the United States and foreign countries and the Arizona
31 medical association and its components.

32 7. Directing the preparation and circulation of educational
33 material the board determines is helpful and proper for licensees.

34 8. Adopting rules regarding the regulation and the qualifications
35 of medical assistants.

36 B. The board may appoint one of its members to the jurisdiction
37 arbitration panel pursuant to section 32-2907, subsection B.

38 C. There shall be no monetary liability on the part of and no cause
39 of action shall arise against the executive director or such other
40 permanent or temporary personnel or professional medical investigators for
41 any act done or proceeding undertaken or performed in good faith and in
42 furtherance of the purposes of this chapter.

43 D. THE BOARD SHALL ESTABLISH A PROGRAM THAT IS REASONABLE AND
44 NECESSARY TO EDUCATE DOCTORS OF MEDICINE REGARDING THE USES AND ADVANTAGES
45 OF AUTOLOGOUS BLOOD TRANSFUSIONS.

46 Sec. 6. Title 32, chapter 13, article 3, Arizona Revised Statutes,
47 is amended by adding section 32-1457, to read:

1 32-1457. Acquired immune deficiency syndrome; disclosure
2 of patient information; immunity; definition
3 A. NOTWITHSTANDING SECTION 32-1401, IT IS NOT AN ACT OF
4 UNPROFESSIONAL CONDUCT FOR A DOCTOR OF MEDICINE TO REPORT TO THE
5 DEPARTMENT OF HEALTH SERVICES THE NAME OF A PATIENT'S SPOUSE OR SEX
6 PARTNER OR A PERSON WITH WHICH THE PATIENT HAS SHARED HYPODERMIC NEEDLES OR
7 SYRINGES IF THE DOCTOR OF MEDICINE KNOWS THAT THE PATIENT HAS CONTRACTED
8 OR TESTS POSITIVE FOR THE HUMAN IMMUNODEFICIENCY VIRUS AND THAT THE
9 PATIENT HAS NOT OR WILL NOT NOTIFY THESE PEOPLE AND REFER THEM TO TESTING.
10 BEFORE MAKING THE REPORT TO THE DEPARTMENT OF HEALTH SERVICES, THE DOCTOR
11 OF MEDICINE SHALL FIRST CONSULT WITH THE PATIENT AND ASK THE PATIENT TO
12 RELEASE THIS INFORMATION VOLUNTARILY.
13 B. IT IS NOT AN ACT OF UNPROFESSIONAL CONDUCT FOR A DOCTOR OF
14 MEDICINE WHO KNOWS OR HAS REASON TO BELIEVE THAT A SIGNIFICANT EXPOSURE
15 HAS OCCURRED BETWEEN A PATIENT WHO HAS CONTRACTED OR TESTS POSITIVE FOR
16 THE HUMAN IMMUNODEFICIENCY VIRUS AND A HEALTH CARE OR PUBLIC SAFETY
17 EMPLOYEE TO INFORM THE EMPLOYEE OF THE EXPOSURE. BEFORE INFORMING THE
18 EMPLOYEE, THE DOCTOR OF MEDICINE SHALL CONSULT WITH THE PATIENT AND ASK
19 THE PATIENT TO RELEASE THIS INFORMATION VOLUNTARILY. IF THE PATIENT DOES
20 NOT RELEASE THIS INFORMATION THE DOCTOR OF MEDICINE MAY DO SO IN A MANNER
21 THAT DOES NOT IDENTIFY THE PATIENT.
22 C. THIS SECTION DOES NOT IMPOSE A DUTY TO DISCLOSE INFORMATION. A
23 DOCTOR OF MEDICINE IS NOT CIVILLY OR CRIMINALLY LIABLE FOR EITHER
24 DISCLOSING OR NOT DISCLOSING INFORMATION.
25 D. IF A DOCTOR OF MEDICINE DECIDES TO MAKE A DISCLOSURE PURSUANT TO
26 THIS SECTION, HE MAY REQUEST THAT THE DEPARTMENT OF HEALTH SERVICES MAKE
27 THE DISCLOSURE ON HIS BEHALF.
28 E. FOR THE PURPOSES OF THIS SECTION, "SIGNIFICANT EXPOSURE" MEANS
29 CONTACT OF A PERSON'S RUPTURED OR BROKEN SKIN OR MUCOUS MEMBRANES WITH
30 ANOTHER PERSON'S BLOOD OR BODY FLUIDS, OTHER THAN TEARS, SALIVA OR
31 PERSPIRATION, OF A MAGNITUDE THAT THE CENTERS FOR DISEASE CONTROL OF THE
32 UNITED STATES PUBLIC HEALTH SERVICE HAVE EPIDEMIOLOGICALLY DEMONSTRATED
33 CAN RESULT IN TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY VIRUS.
34 Sec. 7. Section 32-1803, Arizona Revised Statutes, is amended to
35 read:
36 32-1803. Powers and duties
37 A. The board shall:
38 1. Conduct examinations for applicants for a license under this
39 chapter, issue licenses, conduct hearings, place physicians on probation,
40 revoke or suspend licenses, enter into stipulated orders, issue letters of
41 concern, decrees of censure and administer and enforce all provisions of
42 this chapter.
43 2. Enforce, within the osteopathic profession in this state, the
44 standards of practice prescribed by this chapter and the rules adopted by
45 the board pursuant to the authority granted by this chapter.
46 3. Collect and account for all fees provided for by this chapter
47 and cause them to be paid to the state treasurer.

1 4. Charge additional fees for services which the board deems
2 appropriate to carry out its intent and purpose and which do not exceed
3 the costs of rendering the services.
4 5. Maintain a record of its acts and proceedings, including, but
5 not limited to, the issuance, refusal, renewal, suspension or revocation
6 of licenses to practice according to the terms of this chapter.
7 6. Maintain a roster of all osteopathic physicians and surgeons
8 registered under this chapter, which indicates:
9 (a) The name of the licensed physician.
10 (b) His current professional office address.
11 (c) The date and number of the certificate issued to him under this
12 chapter.
13 (d) Whether the license is in good standing.
14 7. Adopt rules regarding the regulation and the qualifications of
15 medical assistants.
16 8. ESTABLISH A PROGRAM THAT IS REASONABLE AND NECESSARY TO EDUCATE
17 PHYSICIANS REGARDING THE USES AND ADVANTAGES OF AUTOLOGOUS BLOOD
18 TRANSFUSIONS.
19 B. The records of the board shall be open to public inspection at
20 all reasonable times.
21 C. The board may:
22 1. Adopt rules necessary or proper for the administration of this
23 chapter.
24 2. Appoint hearing officers to conduct hearings pursuant to this
25 chapter.
26 3. Appoint one of its members to the jurisdiction arbitration panel
27 pursuant to section 32-2907, subsection B.
28 D. The board shall adopt and use a seal, the imprint of which,
29 together with the signature of either the president, vice-president or
30 executive director, shall evidence its official acts.
31 Sec. 8. Title 32, chapter 17, article 3, Arizona Revised Statutes,
32 is amended by adding section 32-1860, to read:
33 32-1860. Acquired immune deficiency syndrome; disclosure
34 of patient information; immunity; definition
35 A. NOTWITHSTANDING SECTION 32-1854, IT IS NOT AN ACT OF
36 UNPROFESSIONAL CONDUCT FOR A PHYSICIAN TO REPORT TO THE DEPARTMENT OF
37 HEALTH SERVICES THE NAME OF A PATIENT'S SPOUSE OR SEX PARTNER OR A PERSON
38 WITH WHOM THE PATIENT HAS SHARED HYPODERMIC NEEDLES OR SYRINGES IF THE
39 PHYSICIAN KNOWS THAT THE PATIENT HAS CONTRACTED OR TESTS POSITIVE FOR THE
40 HUMAN IMMUNODEFICIENCY VIRUS AND THAT THE PATIENT HAS NOT OR WILL NOT
41 NOTIFY THESE PEOPLE AND REFER THEM TO TESTING. BEFORE MAKING THE REPORT
42 TO THE DEPARTMENT OF HEALTH SERVICES, THE PHYSICIAN SHALL FIRST CONSULT
43 WITH THE PATIENT AND ASK THE PATIENT TO RELEASE THIS INFORMATION
44 VOLUNTARILY.
45 B. IT IS NOT AN ACT OF UNPROFESSIONAL CONDUCT FOR A PHYSICIAN WHO
46 KNOWS OR HAS REASON TO BELIEVE THAT A SIGNIFICANT EXPOSURE HAS OCCURRED
47 BETWEEN A PATIENT INFECTED WITH THE HUMAN IMMUNODEFICIENCY VIRUS AND A
48 HEALTH CARE OR PUBLIC SAFETY EMPLOYEE TO INFORM THE EMPLOYEE OF THE

1 EXPOSURE. BEFORE INFORMING THE EMPLOYEE, THE PHYSICIAN SHALL CONSULT WITH
2 THE PATIENT AND ASK THE PATIENT TO RELEASE THIS INFORMATION VOLUNTARILY.
3 IF THE PATIENT DOES NOT RELEASE THIS INFORMATION THE PHYSICIAN MAY DO SO
4 IN A MANNER THAT DOES NOT IDENTIFY THE PATIENT.

5 C. THIS SECTION DOES NOT IMPOSE A DUTY TO DISCLOSE INFORMATION. A
6 PHYSICIAN IS NOT CIVILLY OR CRIMINALLY LIABLE FOR EITHER DISCLOSING OR NOT
7 DISCLOSING INFORMATION.

8 D. IF A PHYSICIAN DECIDES TO MAKE A DISCLOSURE PURSUANT TO THIS
9 SECTION, HE MAY REQUEST THAT THE DEPARTMENT OF HEALTH SERVICES MAKE THE
10 DISCLOSURE ON HIS BEHALF.

11 E. FOR THE PURPOSES OF THIS SECTION, "SIGNIFICANT EXPOSURE" MEANS
12 CONTACT OF A PERSON'S RUPTURED OR BROKEN SKIN OR MUCOUS MEMBRANES WITH
13 ANOTHER PERSON'S BLOOD OR BODY FLUIDS, OTHER THAN TEARS, SALIVA OR
14 PERSPIRATION, OF A MAGNITUDE THAT THE CENTERS FOR DISEASE CONTROL OF THE
15 UNITED STATES PUBLIC HEALTH SERVICE HAVE EPIDEMIOLOGICALLY DEMONSTRATED
16 CAN RESULT IN TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY VIRUS.

17 Sec. 9. Section 36-136, Arizona Revised Statutes, is amended to
18 read:

19 36-136. Powers and duties of director; compensation of
20 personnel

21 A. The director shall:

22 1. Be the executive officer of the department of health services
23 and the state registrar of vital statistics but shall receive no
24 compensation for services as registrar.

25 2. Perform all duties necessary to carry out the functions and
26 responsibilities of the department.

27 3. Prescribe the organization of the department. The director
28 shall appoint or remove such personnel considered necessary for the
29 efficient work of the department and shall prescribe the duties of all
30 personnel. He may abolish any office or position in the department which
31 in his judgment is unnecessary.

32 4. Administer and enforce the laws relating to health and
33 sanitation and the rules of the department.

34 5. Provide for the examination of any premises if the director has
35 reasonable cause to believe that on the premises there exists a violation
36 of any health law or rule of the state.

37 6. Exercise general supervision over all matters relating to
38 sanitation and health throughout the state. When in the opinion of the
39 director it is necessary or advisable, a sanitary survey of the whole or
40 of any part of the state shall be made. The director may enter upon,
41 examine and survey any source and means of water supply, sewage disposal
42 plant, sewerage system, prison, public or private place of detention,
43 asylum, hospital, school, public building, private institution, factory,
44 workshop, tenement, public washroom, public rest room, public toilet and
45 toilet facility, public eating room and restaurant, dairy, milk plant or
46 food manufacturing or processing plant, and also any premises in which he
47 has reason to believe there exists a violation of any health law or rule
48 of the state which the director has the duty to administer.

1 7. Prepare sanitary and public health rules.

2 8. Perform other duties prescribed by law.

3 B. The director may, if he has reasonable cause to believe that
4 there exists a violation of any health law or rule of the state, make an
5 inspection of any person or property in transportation through the state,
6 and of any car, boat, train, trailer, airplane or other vehicle in which
7 such person or property is transported, and may enforce detention or
8 disinfection as reasonably necessary for the public health if there exists
9 a violation of any health law or rule.

10 C. The director may deputize, in writing, any qualified officer or
11 employee in the department to do or perform in the director's stead any
12 act the director is by law empowered to do or charged with the
13 responsibility of doing.

14 D. The director may delegate to a local health department,
15 municipality or county board of health existing by virtue of the
16 provisions of article 3 of this chapter any functions, powers or duties
17 which the director believes can be competently, efficiently and properly
18 performed by the health department, municipality or board concerned,
19 provided:

20 1. The director or superintendent of the local health agency or a
21 designated agent of a municipality or county board of health is willing to
22 accept such delegation and agrees to perform or exercise the functions,
23 powers and duties conferred in accordance with the standards of
24 performance established by the director.

25 2. Funds appropriated or otherwise made available to the department
26 for distribution to or division among counties or municipalities for local
27 health work may be allocated or reallocated in a manner designed to assure
28 the accomplishment of recognized local public health activities and
29 delegated functions, powers and duties in accordance with applicable
30 standards of performance. Whenever in the director's opinion there is
31 cause, the director may terminate all or a part of any such delegation and
32 may reallocate all or a part of any funds that may have been conditioned
33 upon the further performance of the functions, powers or duties conferred.

34 E. The compensation of all personnel shall be as determined
35 pursuant to section 38-611.

36 F. The director may make and amend rules necessary for the proper
37 administration and enforcement of the laws relating to the public health.

38 G. Notwithstanding subsection H, paragraph 1 of this section, the
39 director may define and prescribe emergency measures for detecting,
40 reporting, preventing and controlling new communicable or infectious
41 diseases or conditions if he has reasonable cause to believe that a
42 serious threat to public health and welfare exists and that the
43 communicable disease advisory council established in section 36-136.03 has
44 reviewed and approved the emergency measure. Emergency measures are
45 effective for no longer than eighteen months.

46 H. The director shall, by rule:

47 1. Define and prescribe reasonably necessary measures for
48 detecting, reporting, preventing and controlling communicable and

1 preventable diseases. The rules shall declare certain diseases reportable
2 and shall further establish ~~minimum~~ periods of isolation or quarantine AND
3 PROCEDURES AND MEASURES TO INSTITUTE ISOLATION OR QUARANTINE, INCLUDING
4 THE RIGHT TO A HEARING. ~~and~~ THE RULES SHALL ALLOW THE DIRECTOR TO
5 INSTITUTE ISOLATION OR QUARANTINE BEFORE THE COMPLETION OF A HEARING IF HE
6 DETERMINES THAT CLEAR AND CONVINCING EVIDENCE EXISTS THAT A PERSON POSES A
7 SUBSTANTIAL DANGER TO ANOTHER PERSON OR THE COMMUNITY. THE RULES shall
8 prescribe measures reasonably required to prevent the occurrence of, or to
9 seek early detection and alleviation of, disability, insofar as possible,
10 from communicable or preventable diseases. The rules shall include
11 reasonably necessary measures to control animal diseases transmittable to
12 man.

13 2. Define and prescribe reasonably necessary measures, in addition
14 to those prescribed by law, regarding the preparation, ~~embalming~~,
15 cremation, interment, disinterment and transportation of dead human bodies
16 and conduct of funerals, relating to and restricted to communicable
17 diseases and regarding the ~~removal~~, transportation, cremation, interment
18 or disinterment of any dead human body.

19 3. Define and prescribe reasonably necessary procedures not
20 inconsistent with law in regard to the use and accessibility of vital
21 records, delayed birth registration and the completion, change and
22 amendment of vital records.

23 4. Prescribe reasonably necessary measures to assure that all food,
24 including meat and meat products sold at the retail level, or drink, other
25 than milk and milk products, sold or distributed for human consumption is
26 free from unwholesome, poisonous or other foreign substances and filth,
27 insects or disease-causing organisms. The rules shall prescribe
28 reasonably necessary measurements governing the production, processing,
29 labeling, storing, handling, serving and transportation of such food and
30 drink. The rules shall prescribe minimum standards for the sanitary
31 facilities and conditions which shall be maintained in any plant, other
32 than a meat packing plant, slaughterhouse or wholesale meat processing
33 plant, and in any warehouse, restaurant or other premises and in any truck
34 or other vehicle in which food or drink is produced, processed, stored,
35 handled, served or transported. The rules shall provide for the
36 inspection and licensing of premises and vehicles so used, and for
37 abatement as public nuisances of any premises or vehicles which do not
38 comply with the rules and minimum standards.

39 5. Prescribe reasonably necessary measures to assure that all meat
40 and meat products for human consumption handled at the retail level are
41 delivered in a manner and from sources approved by the livestock board and
42 are free from unwholesome, poisonous or other foreign substances and
43 filth, insects or disease-causing organisms. The rules shall prescribe
44 standards for sanitary facilities to be used in identity, storage,
45 handling and sale of all meat and meat products sold at the retail level.

46 6. Prescribe reasonably necessary measures regarding production,
47 processing, labeling, handling, serving and transportation of bottled
48 water to assure that all bottled drinking water distributed for human

1 consumption is free from unwholesome, poisonous, deleterious or other
2 foreign substances and filth or disease-causing organisms. The rules
3 shall prescribe minimum standards for the sanitary facilities and
4 conditions which shall be maintained at any source of water, bottling
5 plant and truck or vehicle in which bottled water is produced, processed,
6 stored or transported, and shall provide for inspection and certification
7 of bottled drinking water sources, plants, processes and transportation,
8 and for abatement as a public nuisance of any water supply, label,
9 premises, equipment, process or vehicle which does not comply with the
10 minimum standards. The rules shall prescribe minimum standards for
11 bacteriological, physical and chemical quality for bottled water and for
12 the submission of samples at intervals prescribed in the standards.

13 7. Define and prescribe reasonably necessary measures governing ice
14 production, handling, storing and distribution to assure that all ice sold
15 or distributed for human consumption or for the preservation or storage of
16 food for human consumption is free from unwholesome, poisonous,
17 deleterious or other foreign substances and filth or disease-causing
18 organisms. The rules shall prescribe minimum standards for the sanitary
19 facilities and conditions and the quality of ice which shall be maintained
20 at any ice plant, storage and truck or vehicle in which ice is produced,
21 stored, handled or transported, and shall provide for inspection and
22 licensing of the premises and vehicles, and for abatement as public
23 nuisances of ice, premises, equipment, processes or vehicles which do not
24 comply with the minimum standards.

25 8. Define and prescribe reasonably necessary measures concerning
26 sewage and excreta disposal, garbage and trash collection, storage and
27 disposal, and water supply for recreational and summer camps, campgrounds,
28 motels, tourist courts, trailer coach parks and hotels. The rules shall
29 prescribe minimum standards for preparation of food in community kitchens,
30 adequacy of excreta disposal, garbage and trash collection, storage and
31 disposal and water supply for recreational and summer camps, campgrounds,
32 motels, tourist courts, trailer coach parks and hotels, and shall provide
33 for inspection of such premises and for abatement as public nuisances of
34 any premises or facilities which do not comply with the rules.

35 9. Define and prescribe reasonably necessary measures concerning
36 the sewage and excreta disposal, garbage and trash collection, storage and
37 disposal, water supply and food preparation of all public schools. The
38 rules shall prescribe minimum standards for sanitary conditions which
39 shall be maintained in any public school and shall provide for inspection
40 of such premises and facilities and for abatement as public nuisances of
41 any premises which do not comply with the minimum standards.

42 10. Define and prescribe reasonably necessary measures regarding
43 sewage and excreta disposal, garbage and trash collection, storage and
44 disposal, water supply and food preparation for all workshops and other
45 places of employment. The rules shall prescribe minimum standards for
46 sanitary conditions and facilities at workshops and other places of
47 employment, and shall provide for inspection of such premises and for

1 abatement as public nuisances of any premises and facilities which do not
2 comply with the minimum standards.

3 11. Prescribe reasonably necessary measures to prevent pollution of
4 water used in public or semipublic swimming pools and bathing places and
5 to prevent deleterious health conditions at such places. The rules shall
6 prescribe minimum standards for sanitary conditions which shall be
7 maintained at any public or semipublic swimming pool or bathing place, and
8 shall provide for inspection of such premises and for abatement as public
9 nuisances of any premises and facilities which do not comply with the
10 minimum standards. The rules shall be developed in cooperation with the
11 director of the department of environmental quality and shall be
12 consistent with the rules adopted by the director of the department of
13 environmental quality pursuant to section 49-104, subsection B,
14 paragraph 12.

15 12. Define and prescribe reasonably necessary measures regarding
16 minimum standards for the sanitary conditions and facilities which shall
17 be maintained in any public or semipublic building, and shall provide for
18 inspection of such premises and for abatement as public nuisances of any
19 premises and facilities which do not comply with the minimum standards.

20 13. Define and prescribe reasonably necessary sanitary measures
21 concerning sewage collection, treatment and disposal, putrescible waste
22 collection, storage and disposal and rubbish, trash and manure collection,
23 storage and disposal for all fertilizer manufacturing plants. The rules
24 shall prescribe minimum standards for the sanitary conditions and
25 facilities which shall be maintained at any such plant, and shall provide
26 for inspection of such premises and for abatement as public nuisances of
27 any premises and facilities which do not comply with the minimum
28 standards.

29 14. Prescribe reasonably necessary measures to keep confidential
30 information relating to diagnostic findings and treatment of patients, as
31 well as information relating to contacts, suspects and associates of
32 communicable disease patients. In no event shall such confidential
33 information be made available for political or commercial purposes.

34 15. PRESCRIBE REASONABLY NECESSARY MEASURES REGARDING HUMAN
35 IMMUNODEFICIENCY VIRUS TESTING AS A MEANS TO CONTROL THE TRANSMISSION OF
36 THAT VIRUS, INCLUDING THE DESIGNATION OF ANONYMOUS TEST SITES AS DICTATED
37 BY CURRENT EPIDEMIOLOGIC AND SCIENTIFIC EVIDENCE.

38 I. The rules adopted under the authority conferred by this section
39 shall be observed throughout the state and shall be enforced by each local
40 board of health, but nothing herein shall be deemed to limit the right of
41 any local board of health or county board of supervisors to adopt such
42 ordinances and rules as authorized by law within its jurisdiction,
43 provided that such ordinances and rules do not conflict with the state law
44 and are equal to or more restrictive than the provisions of the rules of
45 the director.

46 J. The powers and duties set forth shall not apply in instances
47 where regulatory powers and duties relating to the public health are
48 vested by the legislature in any other state board, commission, agency or

1 instrumentality, except that with regards to the regulation of meat and
2 meat products, the department and the livestock board within the area
3 delegated to each shall adopt rules which are not in conflict.

4 K. The director, in establishing fees authorized by this section,
5 shall comply with title 41, chapter 6. The department shall not set a fee
6 at more than the department's cost of providing the service for which the
7 fee is charged. State agencies are exempt from all fees imposed pursuant
8 to this section.

9 L. After consultation with the state superintendent of public
10 instruction, the director, by August 1, 1988, shall prescribe the criteria
11 the department shall use in deciding whether or not to notify a local
12 school district that a pupil in the district has tested positive for the
13 human immunodeficiency virus antibody. Also by August 1, 1988, the
14 director shall prescribe the procedure by which the department shall
15 notify a school district if, pursuant to these criteria, the department
16 determines that notification is warranted in a particular situation. This
17 procedure shall include a requirement that prior to notification the
18 department shall determine to its satisfaction that the district has an
19 appropriate policy relating to nondiscrimination of the infected pupil and
20 confidentiality of test results and that proper educational counseling has
21 been or will be provided to staff and pupils.

22 Sec. 10. Section 36-624, Arizona Revised Statutes, is amended to
23 read:

24 36-624. Quarantine and sanitary measures to prevent
25 contagion

26 When a local board of health or LOCAL health department is apprised
27 that infectious or contagious disease exists within its jurisdiction, it
28 shall immediately make an investigation. If ~~such~~ THE INVESTIGATION
29 DISCLOSES THAT THE disease does exist, the board or department shall MAY
30 adopt quarantine and sanitary measures CONSISTENT WITH DEPARTMENT RULES
31 ADOPTED PURSUANT TO SECTION 36-136, SUBSECTION H, PARAGRAPH 1 to prevent
32 THE spread of the disease. ~~The board or department may immediately cause~~
33 ~~a person afflicted with such disease to be removed to a separate house if~~
34 ~~in the opinion of the health officer, county superintendent of public~~
35 ~~health or director of the local health department, the person can be moved~~
36 ~~without danger to his health. If the person cannot be moved, the board or~~
37 ~~department shall make quarantine regulations and may cause the removal of~~
38 ~~persons in the neighborhood.~~ The local board or health department shall
39 immediately notify the department of health services of the existence and
40 nature of the disease, and measures taken concerning it.

41 Sec. 11. Title 36, chapter 6, Arizona Revised Statutes, is amended
42 by adding article 4, to read:

43 ARTICLE 4. COMMUNICABLE DISEASE INFORMATION

44 36-661. Definitions

45 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

46 1. "ACQUIRED IMMUNE DEFICIENCY SYNDROME" HAS THE SAME MEANING AS
47 DEFINED BY THE CENTERS FOR DISEASE CONTROL OF THE UNITED STATES PUBLIC
48 HEALTH SERVICE.

- 1 2. "CAPACITY TO CONSENT" MEANS A PERSON'S ABILITY, DETERMINED
2 WITHOUT REGARD TO THE PERSON'S AGE, TO UNDERSTAND AND APPRECIATE THE
3 NATURE AND CONSEQUENCES OF A PROPOSED HEALTH CARE SERVICE, TREATMENT OR
4 PROCEDURE AND TO MAKE AN INFORMED DECISION CONCERNING THAT SERVICE,
5 TREATMENT OR PROCEDURE.
- 6 3. "CHILD" MEANS AN UNEMANCIPATED PERSON UNDER EIGHTEEN YEARS OF
7 AGE.
- 8 4. "COMMUNICABLE DISEASE" MEANS A CONTAGIOUS, EPIDEMIC OR
9 INFECTIOUS DISEASE REQUIRED TO BE REPORTED TO THE LOCAL BOARD OF HEALTH OR
10 THE DEPARTMENT PURSUANT TO CHAPTERS 1 AND 6 OF THIS TITLE.
- 11 5. "CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION" MEANS
12 INFORMATION REGARDING A COMMUNICABLE DISEASE IN THE POSSESSION OF A PERSON
13 WHO PROVIDES HEALTH SERVICES OR WHO OBTAINS THE INFORMATION PURSUANT TO
14 THE RELEASE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION.
- 15 6. "CONFIDENTIAL HIV-RELATED INFORMATION" MEANS INFORMATION
16 CONCERNING WHETHER A PERSON HAS HAD AN HIV-RELATED TEST OR HAS HIV
17 INFECTION, HIV-RELATED ILLNESS OR ACQUIRED IMMUNE DEFICIENCY SYNDROME AND
18 INCLUDES INFORMATION WHICH IDENTIFIES OR REASONABLY PERMITS IDENTIFICATION
19 OF THAT PERSON OR THE PERSON'S CONTACTS.
- 20 7. "CONTACT" MEANS A SPOUSE OR SEX PARTNER OF A PROTECTED PERSON, A
21 PERSON WHO HAS SHARED HYPODERMIC NEEDLES OR SYRINGES WITH A PROTECTED
22 PERSON OR A PERSON OTHERWISE EXPOSED TO A PROTECTED PERSON WITH A
23 COMMUNICABLE DISEASE IN A MANNER THAT POSES AN EPIDEMIOLOGICALLY
24 SIGNIFICANT RISK OF TRANSMISSION OF THAT DISEASE.
- 25 8. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.
- 26 9. "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT OF HEALTH
27 SERVICES.
- 28 10. "HEALTH CARE PROVIDER" MEANS A PHYSICIAN, NURSE OR OTHER PERSON
29 INVOLVED IN PROVIDING MEDICAL, NURSING, COUNSELING OR OTHER HEALTH CARE OR
30 MENTAL HEALTH SERVICES.
- 31 11. "HEALTH FACILITY" MEANS A HEALTH CARE INSTITUTION AS DEFINED IN
32 SECTION 36-401, A BLOOD BANK, BLOOD CENTER, MILK BANK, SPERM BANK, ORGAN
33 OR TISSUE BANK OR CLINICAL LABORATORY OR A HEALTH CARE SERVICES
34 ORGANIZATION HOLDING A CERTIFICATE OF AUTHORITY PURSUANT TO SECTION
35 20-1054.
- 36 12. "HEALTH SERVICE" MEANS PUBLIC OR PRIVATE CARE, TREATMENT,
37 CLINICAL LABORATORY TESTS, COUNSELING OR EDUCATIONAL SERVICE FOR ADULTS OR
38 CHILDREN AND ACUTE, CHRONIC, CUSTODIAL, RESIDENTIAL, OUTPATIENT, HOME OR
39 OTHER HEALTH CARE OR ACTIVITIES RELATED TO THE DETECTION, REPORTING,
40 PREVENTION AND CONTROL OF COMMUNICABLE OR PREVENTABLE DISEASES.
- 41 13. "HIV" MEANS THE HUMAN IMMUNODEFICIENCY VIRUS.
- 42 14. "HIV INFECTION" MEANS INFECTION WITH THE HUMAN IMMUNODEFICIENCY
43 VIRUS OR A RELATED VIRUS IDENTIFIED AS A PROBABLE CAUSATIVE AGENT OF
44 ACQUIRED IMMUNE DEFICIENCY SYNDROME.
- 45 15. "HIV-RELATED ILLNESS" MEANS AN ILLNESS THAT MAY RESULT FROM OR
46 BE ASSOCIATED WITH HIV INFECTION.

1 16. "HIV-RELATED TEST" MEANS A LABORATORY TEST OR SERIES OF TESTS
2 FOR THE VIRUS, COMPONENTS OF THE VIRUS OR ANTIBODIES TO THE VIRUS THOUGHT
3 TO INDICATE THE PRESENCE OF HIV INFECTION.

4 17. "PROTECTED PERSON" MEANS A PERSON WHO TAKES AN HIV-RELATED TEST
5 OR WHO HAS BEEN DIAGNOSED AS HAVING HIV INFECTION, ACQUIRED IMMUNE
6 DEFICIENCY SYNDROME, HIV-RELATED ILLNESS OR ANOTHER COMMUNICABLE DISEASE.

7 18. "RELEASE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED
8 INFORMATION" MEANS A WRITTEN AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL
9 COMMUNICABLE DISEASE RELATED INFORMATION.

10 36-662. Access to records

11 IN CONDUCTING AN INVESTIGATION OF A REPORTABLE COMMUNICABLE DISEASE
12 THE DEPARTMENT OF HEALTH SERVICES AND LOCAL HEALTH DEPARTMENTS MAY INSPECT
13 AND COPY MEDICAL OR LABORATORY RECORDS IN THE POSSESSION OF OR MAINTAINED
14 BY A HEALTH CARE PROVIDER OR HEALTH CARE FACILITY WHICH ARE RELATED TO THE
15 DIAGNOSIS, TREATMENT AND CONTROL OF THE SPECIFIC COMMUNICABLE DISEASE CASE
16 REPORTED. REQUESTS FOR RECORDS SHALL BE MADE IN WRITING BY THE
17 APPROPRIATE OFFICER OF THE DEPARTMENT OF HEALTH SERVICES OR LOCAL HEALTH
18 DEPARTMENT AND SHALL SPECIFY THE COMMUNICABLE DISEASE CASE AND THE PATIENT
19 UNDER INVESTIGATION.

20 36-663. HIV-related testing; restrictions; exceptions

21 A. EXCEPT AS OTHERWISE SPECIFICALLY AUTHORIZED OR REQUIRED BY THIS
22 STATE OR BY FEDERAL LAW, NO PERSON MAY ORDER THE PERFORMANCE OF AN
23 HIV-RELATED TEST WITHOUT FIRST RECEIVING THE SPECIFIC WRITTEN INFORMED
24 CONSENT OF THE SUBJECT OF THE TEST WHO HAS CAPACITY TO CONSENT OR, IF THE
25 SUBJECT LACKS CAPACITY TO CONSENT, OF A PERSON AUTHORIZED PURSUANT TO LAW
26 TO CONSENT TO HEALTH CARE FOR THAT PERSON. WRITTEN CONSENT SHALL BE IN A
27 FORM AS PRESCRIBED BY THE DEPARTMENT EXCEPT FOR ENTITIES COMPLYING WITH
28 THE FORM PRESCRIBED BY SECTION 20-448.01. IF THE TEST IS PERFORMED ON AN
29 ANONYMOUS BASIS THE CONSENT MAY BE ORAL.

30 B. THIS SECTION DOES NOT APPLY TO THE PERFORMANCE OF AN HIV-RELATED
31 TEST:

32 1. BY A HEALTH CARE PROVIDER OR HEALTH FACILITY IN RELATION TO THE
33 PROCURING, PROCESSING, DISTRIBUTING OR USE OF A HUMAN BODY OR A HUMAN BODY
34 PART, INCLUDING ORGANS, TISSUES, EYES, BONES, ARTERIES, BLOOD, SEMEN, MILK
35 OR OTHER BODY FLUIDS, FOR USE IN MEDICAL RESEARCH OR THERAPY OR FOR
36 TRANSPLANTATION TO OTHER PERSONS.

37 2. FOR THE PURPOSE OF RESEARCH IF THE TESTING IS PERFORMED IN A
38 MANNER BY WHICH THE IDENTITY OF THE TEST SUBJECT IS NOT KNOWN AND MAY NOT
39 BE RETRIEVED BY THE RESEARCHER.

40 3. ON A DECEASED PERSON, IF THE TEST IS CONDUCTED IN ORDER TO
41 DETERMINE THE CAUSE OF DEATH OR FOR EPIDEMIOLOGIC OR PUBLIC HEALTH
42 PURPOSES.

43 4. IN THE COURSE OF PROVIDING NECESSARY EMERGENCY MEDICAL TREATMENT
44 TO A PATIENT WHO LACKS CAPACITY TO CONSENT TO HIV-RELATED TESTING AND FOR
45 WHOM NO PERSON AUTHORIZED PURSUANT TO LAW TO CONSENT TO HEALTH CARE FOR
46 THAT PERSON CAN BE IDENTIFIED ON A TIMELY BASIS IF THE TESTING IS
47 NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF THE EMERGENCY CONDITION. THE
48 ATTENDING PHYSICIAN SHALL DOCUMENT THE EXISTENCE OF AN EMERGENCY MEDICAL

1 CONDITION, THE NECESSITY OF THE HIV-RELATED TESTING TO DIAGNOSE AND TREAT
2 THE EMERGENCY CONDITION AND THE PATIENT'S LACK OF CAPACITY.
3 5. ON A PATIENT WHO LACKS CAPACITY TO CONSENT AND FOR WHOM NO
4 PERSON AUTHORIZED PURSUANT TO LAW TO CONSENT TO HEALTH CARE FOR THAT
5 PERSON CAN BE IDENTIFIED ON A TIMELY BASIS IF THE HIV-RELATED TESTING IS
6 DIRECTLY RELATED TO AND NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF THE
7 PERSON'S MEDICAL CONDITION. HIV-RELATED TESTING SHALL BE PERFORMED UNDER
8 THESE CIRCUMSTANCES ONLY ON WRITTEN CERTIFICATION BY THE ATTENDING
9 PHYSICIAN AND A CONSULTING PHYSICIAN THAT THE HIV-RELATED TESTING IS
10 DIRECTLY RELATED TO AND NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF THE
11 PATIENT'S MEDICAL CONDITION.

12 36-664. Confidentiality; exceptions

13 A. NO PERSON WHO OBTAINS CONFIDENTIAL COMMUNICABLE DISEASE RELATED
14 INFORMATION IN THE COURSE OF PROVIDING A HEALTH SERVICE OR PURSUANT TO A
15 RELEASE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION MAY
16 DISCLOSE OR BE COMPELLED TO DISCLOSE THAT INFORMATION EXCEPT TO THE
17 FOLLOWING:

18 1. THE PROTECTED PERSON OR, IF THE PROTECTED PERSON LACKS CAPACITY
19 TO CONSENT, A PERSON AUTHORIZED PURSUANT TO LAW TO CONSENT TO HEALTH CARE
20 FOR THE PERSON.

21 2. A PERSON TO WHOM DISCLOSURE IS AUTHORIZED PURSUANT TO SUBSECTION
22 D OF THIS SECTION OR AS OTHERWISE ALLOWED BY LAW.

23 3. AN AGENT OR EMPLOYEE OF A HEALTH FACILITY OR HEALTH CARE
24 PROVIDER IF THE AGENT OR EMPLOYEE IS AUTHORIZED TO ACCESS MEDICAL RECORDS,
25 THE HEALTH FACILITY OR HEALTH CARE PROVIDER ITSELF IS AUTHORIZED TO OBTAIN
26 THE COMMUNICABLE DISEASE RELATED INFORMATION AND THE AGENT OR EMPLOYEE
27 PROVIDES HEALTH CARE TO THE PROTECTED INDIVIDUAL OR MAINTAINS OR PROCESSES
28 MEDICAL RECORDS FOR BILLING OR REIMBURSEMENT.

29 4. A HEALTH CARE PROVIDER OR HEALTH FACILITY IF KNOWLEDGE OF THE
30 COMMUNICABLE DISEASE RELATED INFORMATION IS NECESSARY TO PROVIDE
31 APPROPRIATE CARE OR TREATMENT TO THE PROTECTED PERSON OR THE PERSON'S
32 CHILD.

33 5. A HEALTH FACILITY OR HEALTH CARE PROVIDER, IN RELATION TO THE
34 PROCUREMENT, PROCESSING, DISTRIBUTING OR USE OF A HUMAN BODY OR A HUMAN
35 BODY PART, INCLUDING ORGANS, TISSUES, EYES, BONES, ARTERIES, BLOOD, SEMEN,
36 MILK OR OTHER BODY FLUIDS, FOR USE IN MEDICAL EDUCATION, RESEARCH OR
37 THERAPY OR FOR TRANSPLANTATION TO ANOTHER PERSON.

38 6. A HEALTH FACILITY, OR AN ORGANIZATION, COMMITTEE OR INDIVIDUAL
39 DESIGNATED BY THE HEALTH FACILITY, ENGAGED IN THE REVIEW OF PROFESSIONAL
40 PRACTICES, INCLUDING THE REVIEW OF THE QUALITY, UTILIZATION OR NECESSITY
41 OF MEDICAL CARE, OR AN ACCREDITATION OR OVERSIGHT REVIEW ORGANIZATION
42 RESPONSIBLE FOR THE REVIEW OF PROFESSIONAL PRACTICES AT A HEALTH FACILITY.
43 CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION DISCLOSED TO THESE
44 ORGANIZATIONS, COMMITTEES OR INDIVIDUALS SHALL INCLUDE ONLY THAT
45 INFORMATION NECESSARY FOR THE AUTHORIZED REVIEW AND SHALL NOT INCLUDE
46 INFORMATION DIRECTLY IDENTIFYING THE PROTECTED PERSON.

47 7. A FEDERAL, STATE, COUNTY OR LOCAL HEALTH OFFICER IF DISCLOSURE
48 IS MANDATED BY FEDERAL OR STATE LAW.

1 8. A GOVERNMENT AGENCY SPECIFICALLY AUTHORIZED BY LAW TO RECEIVE
2 THE INFORMATION. THE AGENCY IS AUTHORIZED TO REDISCLOSE THE INFORMATION
3 ONLY PURSUANT TO THIS ARTICLE OR AS OTHERWISE PERMITTED BY LAW.

4 9. A PERSON, HEALTH CARE PROVIDER OR HEALTH CARE FACILITY TO WHICH
5 DISCLOSURE IS ORDERED BY A COURT OR ADMINISTRATIVE BODY PURSUANT TO
6 SECTION 36-665.

7 10. THE DEPARTMENT OF ECONOMIC SECURITY IN CONJUNCTION WITH THE
8 PLACEMENT OF CHILDREN FOR ADOPTION.

9 11. THE INDUSTRIAL COMMISSION OR PARTIES TO AN INDUSTRIAL COMMISSION
10 CLAIM PURSUANT TO THE PROVISIONS OF SECTION 23-908, SUBSECTION C AND
11 23-1043.02.

12 12. INSURANCE ENTITIES PURSUANT TO SECTION 20-448.01.

13 B. PURSUANT TO A WRITTEN RELEASE AS PRESCRIBED BY SUBSECTION D OF
14 THIS SECTION, A STATE, COUNTY OR LOCAL HEALTH OFFICER MAY DISCLOSE
15 CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION IF THE DISCLOSURE IS
16 ANY OF THE FOLLOWING:

17 1. SPECIFICALLY AUTHORIZED OR REQUIRED BY FEDERAL OR STATE LAW.

18 2. MADE PURSUANT TO A RELEASE OF CONFIDENTIAL COMMUNICABLE DISEASE
19 RELATED INFORMATION.

20 3. MADE TO A CONTACT OF THE PROTECTED PERSON.

21 4. FOR THE PURPOSES OF RESEARCH.

22 C. THE DIRECTOR MAY AUTHORIZE THE RELEASE OF INFORMATION THAT
23 IDENTIFIES THE PROTECTED PERSON TO THE NATIONAL CENTER FOR HEALTH
24 STATISTICS OF THE UNITED STATES PUBLIC HEALTH SERVICE FOR THE PURPOSES OF
25 CONDUCTING A SEARCH OF THE NATIONAL DEATH INDEX.

26 D. A DISCLOSURE OF INFORMATION PURSUANT TO SUBSECTION B OF THIS
27 SECTION SHALL BE MADE WITHOUT IDENTIFYING THE PROTECTED PERSON.

28 E. A RELEASE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED
29 INFORMATION SHALL BE SIGNED BY THE PROTECTED PERSON OR, IF THE PROTECTED
30 PERSON LACKS CAPACITY TO CONSENT, A PERSON AUTHORIZED PURSUANT TO LAW TO
31 CONSENT TO HEALTH CARE FOR THE PERSON. A RELEASE SHALL BE DATED AND SHALL
32 SPECIFY TO WHOM DISCLOSURE IS AUTHORIZED, THE PURPOSE FOR DISCLOSURE AND
33 THE TIME PERIOD DURING WHICH THE RELEASE IS EFFECTIVE. A GENERAL
34 AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION, INCLUDING
35 CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION, IS NOT A RELEASE OF
36 CONFIDENTIAL HIV-RELATED INFORMATION UNLESS THE AUTHORIZATION SPECIFICALLY
37 INDICATES ITS PURPOSE AS A GENERAL AUTHORIZATION AND AN AUTHORIZATION FOR
38 THE RELEASE OF CONFIDENTIAL HIV-RELATED INFORMATION AND COMPLIES WITH THE
39 REQUIREMENTS OF THIS SECTION.

40 F. A PERSON TO WHOM CONFIDENTIAL COMMUNICABLE DISEASE RELATED
41 INFORMATION IS DISCLOSED PURSUANT TO THIS SECTION SHALL NOT DISCLOSE THE
42 INFORMATION TO ANOTHER PERSON EXCEPT AS AUTHORIZED BY THIS SECTION. THIS
43 SUBSECTION DOES NOT APPLY TO THE PROTECTED PERSON OR A PERSON WHO IS
44 AUTHORIZED PURSUANT TO LAW TO CONSENT TO HEALTH CARE FOR THE PROTECTED
45 PERSON.

46 G. IF A DISCLOSURE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED
47 INFORMATION IS MADE PURSUANT TO A RELEASE, THE DISCLOSURE SHALL BE
48 ACCOMPANIED BY A STATEMENT IN WRITING WHICH WARNS THAT THE INFORMATION IS

1 FROM CONFIDENTIAL RECORDS WHICH ARE PROTECTED BY STATE LAW THAT PROHIBITS
2 FURTHER DISCLOSURE OF THE INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT
3 OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY LAW.

4 H. THE PERSON MAKING A DISCLOSURE PURSUANT TO A RELEASE OF
5 CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION SHALL KEEP A RECORD
6 OF ALL DISCLOSURES. ON REQUEST, A PROTECTED PERSON OR HIS LEGAL
7 REPRESENTATIVE SHALL HAVE ACCESS TO THE RECORD.

8 I. A PROVIDER OF A HEALTH SERVICE IN POSSESSION OF CONFIDENTIAL
9 COMMUNICABLE DISEASE RELATED INFORMATION RELATING TO A RECIPIENT OF ITS
10 SERVICE MAY DISCLOSE THAT INFORMATION TO AN AUTHORIZED EMPLOYEE OR AGENT
11 OF A FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY WHICH SUPERVISES OR
12 MONITORS THE PROVIDER OR ADMINISTERS THE PROGRAM UNDER WHICH THE SERVICE
13 IS PROVIDED OR TO THE PRIVATE ENTITY THAT ACCREDITS THE PROVIDER. AN
14 AUTHORIZED EMPLOYEE OR AGENT INCLUDES ONLY AN EMPLOYEE OR AGENT WHO, IN
15 THE ORDINARY COURSE OF BUSINESS OF THE GOVERNMENT AGENCY OR ENTITY, HAS
16 ACCESS TO RECORDS RELATING TO THE CARE OR TREATMENT OF THE PROTECTED
17 PERSON. THE INFORMATION SHALL NOT DISCLOSE THE PROTECTED PERSON'S NAME.

18 J. THIS SECTION DOES NOT PROHIBIT THE LISTING OF COMMUNICABLE
19 DISEASE RELATED INFORMATION, INCLUDING ACQUIRED IMMUNE DEFICIENCY
20 SYNDROME, HIV-RELATED ILLNESS OR HIV INFECTION, IN A CERTIFICATE OF DEATH,
21 AUTOPSY REPORT OR OTHER RELATED DOCUMENT PREPARED PURSUANT TO LAW TO
22 DOCUMENT THE CAUSE OF DEATH. THIS SECTION DOES NOT MODIFY A LAW OR RULE
23 RELATING TO ACCESS TO DEATH CERTIFICATES, AUTOPSY REPORTS OR OTHER RELATED
24 DOCUMENTS.

25 K. IF A PERSON IN POSSESSION OF CONFIDENTIAL HIV-RELATED
26 INFORMATION REASONABLY BELIEVES THAT AN IDENTIFIABLE THIRD PARTY IS AT
27 RISK OF HIV INFECTION THAT PERSON MAY REPORT THAT RISK TO THE DEPARTMENT.
28 THE REPORT SHALL BE IN WRITING AND INCLUDE THE NAME AND ADDRESS OF THE
29 IDENTIFIABLE THIRD PARTY AND THE NAME AND ADDRESS OF THE PERSON MAKING THE
30 REPORT. THE DEPARTMENT SHALL CONTACT THE PERSON AT RISK PURSUANT TO RULES
31 ADOPTED BY THE DEPARTMENT. THE DEPARTMENT EMPLOYEE MAKING THE INITIAL
32 CONTACT SHALL HAVE EXPERTISE IN COUNSELING PERSONS WHO HAVE BEEN EXPOSED
33 TO OR TESTED POSITIVE FOR HIV OR ACQUIRED IMMUNE DEFICIENCY SYNDROME.

34 L. EXCEPT AS OTHERWISE PROVIDED PURSUANT TO THIS ARTICLE OR SUBJECT
35 TO AN ORDER OR SEARCH WARRANT ISSUED PURSUANT TO SECTION 36-665, NO PERSON
36 WHO RECEIVES CONFIDENTIAL HIV-RELATED INFORMATION IN THE COURSE OF
37 PROVIDING A HEALTH SERVICE OR PURSUANT TO A RELEASE OF CONFIDENTIAL
38 HIV-RELATED INFORMATION MAY DISCLOSE THAT INFORMATION TO ANOTHER PERSON OR
39 LEGAL ENTITY OR BE COMPELLED BY SUBPOENA, ORDER, SEARCH WARRANT OR OTHER
40 JUDICIAL PROCESS TO DISCLOSE THAT INFORMATION TO ANOTHER PERSON OR LEGAL
41 ENTITY.

42 M. NOTHING IN THIS SECTION OR SECTIONS 36-663, 36-666, 36-667 AND
43 36-668 OF THIS CHAPTER SHALL APPLY TO PERSONS OR ENTITIES SUBJECT TO
44 REGULATION UNDER TITLE 20.

45 36-665. Order for disclosure of confidential communicable
46 disease related information

47 A. NOTWITHSTANDING ANY OTHER LAW, NO COURT OR ADMINISTRATIVE BODY
48 MAY ISSUE AN ORDER FOR THE DISCLOSURE OF OR A SEARCH WARRANT FOR

1 CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION, EXCEPT AS PROVIDED
2 BY THIS SECTION.. AN ADMINISTRATIVE BODY INCLUDES ANY ADMINISTRATIVE LAW
3 JUDGE OR HEARING OFFICER PRESIDING OVER MATTERS RELATING TO THE
4 ADMINISTRATIVE BODY.
5 B. AN ORDER FOR DISCLOSURE OF OR A SEARCH WARRANT FOR CONFIDENTIAL
6 COMMUNICABLE DISEASE RELATED INFORMATION MAY BE ISSUED ON AN APPLICATION
7 SHOWING ANY ONE OF THE FOLLOWING:
8 1. A COMPELLING NEED FOR DISCLOSURE OF THE INFORMATION FOR THE
9 ADJUDICATION OF A CRIMINAL, CIVIL OR ADMINISTRATIVE PROCEEDING.
10 2. A CLEAR AND IMMINENT DANGER TO A PERSON WHOSE LIFE OR HEALTH MAY
11 UNKNOWINGLY BE AT SIGNIFICANT RISK AS A RESULT OF CONTACT WITH THE PERSON
12 TO WHOM THE INFORMATION PERTAINS.
13 3. IF THE APPLICATION IS FILED BY A STATE, COUNTY OR LOCAL HEALTH
14 OFFICER, A CLEAR AND IMMINENT DANGER TO THE PUBLIC HEALTH.
15 4. THAT THE APPLICANT IS LAWFULLY ENTITLED TO THE DISCLOSURE AND
16 THE DISCLOSURE IS CONSISTENT WITH THE PROVISIONS OF THIS ARTICLE.
17 5. A CLEAR AND IMMINENT DANGER TO A PERSON OR TO PUBLIC HEALTH OR A
18 COMPELLING NEED REQUIRING DISCLOSURE OF THE CONFIDENTIAL COMMUNICABLE
19 DISEASE INFORMATION.
20 C. ON RECEIVING AN APPLICATION PURSUANT TO THIS SECTION, THE COURT
21 OR ADMINISTRATIVE BODY SHALL ENTER AN ORDER DIRECTING THAT THE FILE BE
22 SEALED AND NOT MADE AVAILABLE TO ANY PERSON, EXCEPT TO THE EXTENT
23 NECESSARY TO CONDUCT A PROCEEDING IN CONNECTION WITH THE DETERMINATION OF
24 WHETHER TO GRANT OR DENY THE APPLICATION, INCLUDING AN APPEAL. THE COURT
25 OR ADMINISTRATIVE BODY SHALL ALSO ORDER THAT ALL SUBSEQUENT PROCEEDINGS IN
26 CONNECTION WITH THE APPLICATION BE CONDUCTED IN CAMERA AND, IF APPROPRIATE
27 TO PREVENT THE UNAUTHORIZED DISCLOSURE OF CONFIDENTIAL COMMUNICABLE
28 DISEASE RELATED INFORMATION, THAT PLEADINGS, PAPERS, AFFIDAVITS,
29 JUDGMENTS, ORDERS, BRIEFS AND MEMORANDA OF LAW WHICH ARE PART OF THE
30 APPLICATION OR THE DECISION NOT STATE THE NAME OF THE PERSON CONCERNING
31 WHOM CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION IS SOUGHT.
32 D. THE PERSON CONCERNING WHOM THE INFORMATION IS SOUGHT AND A
33 PERSON HOLDING RECORDS FROM WHOM DISCLOSURE IS SOUGHT SHALL BE GIVEN
34 ADEQUATE NOTICE OF THE APPLICATION IN A MANNER WHICH DOES NOT DISCLOSE TO
35 ANY OTHER PERSON THE IDENTITY OF THE PERSON AND MAY FILE A WRITTEN
36 RESPONSE TO THE APPLICATION OR APPEAR IN PERSON FOR THE LIMITED PURPOSE OF
37 PROVIDING EVIDENCE ON THE CRITERIA FOR THE ISSUANCE OF AN ORDER PURSUANT
38 TO THIS SECTION.
39 E. THE COURT OR ADMINISTRATIVE BODY MAY GRANT AN ORDER WITHOUT
40 NOTICE AND AN OPPORTUNITY TO BE HEARD IF AN EX PARTE APPLICATION BY A
41 PUBLIC HEALTH OFFICER SHOWS THAT A CLEAR AND IMMINENT DANGER TO A PERSON
42 WHOSE LIFE OR HEALTH MAY UNKNOWINGLY BE AT RISK REQUIRES AN IMMEDIATE
43 ORDER AND THAT NOTICE TO THE INDIVIDUAL ABOUT WHOM THE INFORMATION IS
44 SOUGHT IS NOT REASONABLE UNDER THE CIRCUMSTANCES.
45 F. SERVICE OF A SUBPOENA IS NOT REQUIRED FOR ACTIONS BROUGHT
46 PURSUANT TO SUBSECTIONS D AND E.
47 G. IN ASSESSING COMPELLING NEED AND CLEAR AND IMMINENT DANGER, THE
48 COURT OR ADMINISTRATIVE BODY SHALL PROVIDE WRITTEN FINDINGS OF FACT,

1 INCLUDING SCIENTIFIC OR MEDICAL FINDINGS, CITING SPECIFIC EVIDENCE IN THE
2 RECORD WHICH SUPPORTS EACH FINDING, AND SHALL WEIGH THE NEED FOR
3 DISCLOSURE AGAINST THE PRIVACY INTEREST OF THE PROTECTED PERSON AND THE
4 PUBLIC INTEREST WHICH MAY BE DISSERVED BY DISCLOSURE WHICH DETERS FUTURE
5 TESTING OR TREATMENT OR WHICH MAY LEAD TO DISCRIMINATION.

6 H. AN ORDER AUTHORIZING DISCLOSURE OF OR A SEARCH WARRANT FOR
7 CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION SHALL:

8 1. LIMIT DISCLOSURE TO THAT INFORMATION WHICH IS NECESSARY TO
9 FULFILL THE PURPOSE FOR WHICH THE ORDER IS GRANTED.

10 2. LIMIT DISCLOSURE TO THOSE PERSONS WHOSE NEED FOR THE INFORMATION
11 IS THE BASIS FOR THE ORDER, AND SPECIFICALLY PROHIBIT REDISCLOSURE BY
12 PERSONS TO ANY OTHER PERSONS, WHETHER OR NOT THEY ARE PARTIES TO THE
13 ACTION.

14 3. TO THE EXTENT POSSIBLE CONSISTENT WITH THIS SECTION, CONFORM TO
15 THE PROVISIONS OF THIS ARTICLE.

16 4. INCLUDE OTHER MEASURES AS DEEMED NECESSARY TO LIMIT DISCLOSURES
17 NOT AUTHORIZED BY THE ORDER.

18 I. NOTWITHSTANDING ANY OTHER LAW, A COURT OR ADMINISTRATIVE BODY
19 SHALL NOT ORDER THE DEPARTMENT, A COUNTY HEALTH DEPARTMENT OR A LOCAL
20 HEALTH DEPARTMENT TO RELEASE CONFIDENTIAL HIV-RELATED INFORMATION IN ITS
21 POSSESSION.

22 36-666. Violation; classification; immunity

23 A. A PERSON WHO KNOWINGLY DOES THE FOLLOWING IS GUILTY OF A CLASS 3
24 MISDEMEANOR:

25 1. PERFORMS, OR PERMITS OR PROCURES THE PERFORMANCE OF, AN
26 HIV-RELATED TEST IN VIOLATION OF THIS ARTICLE.

27 2. DISCLOSES, COMPELS ANOTHER PERSON TO DISCLOSE OR PROCURES THE
28 DISCLOSURE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION IN
29 VIOLATION OF THIS ARTICLE.

30 B. A PERSON, HEALTH CARE FACILITY OR HEALTH CARE PROVIDER
31 DISCLOSING CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION PURSUANT
32 TO OR REQUIRED BY THIS ARTICLE IS IMMUNE FROM CIVIL OR CRIMINAL LIABILITY
33 IF THE PERSON, HEALTH CARE FACILITY OR HEALTH CARE PROVIDER ACTED IN GOOD
34 FAITH AND WITHOUT MALICE.

35 C. A HEALTH CARE FACILITY OR HEALTH CARE PROVIDER, INCLUDING A
36 PHYSICIAN, THE PHYSICIAN'S EMPLOYER OR THE HEALTH CARE FACILITY OR HEALTH
37 CARE PROVIDER WITH WHICH THE PHYSICIAN IS ASSOCIATED, IS IMMUNE FROM CIVIL
38 OR CRIMINAL LIABILITY FOR FAILING TO DISCLOSE CONFIDENTIAL COMMUNICABLE
39 DISEASE RELATED INFORMATION TO A CONTACT OR A PERSON AUTHORIZED PURSUANT
40 TO LAW TO CONSENT TO HEALTH CARE FOR A PROTECTED PERSON IF THE HEALTH CARE
41 FACILITY OR HEALTH CARE PROVIDER ACTED IN GOOD FAITH AND WITHOUT MALICE.

42 D. FOR THE PURPOSES OF THIS SECTION, GOOD FAITH AND THE ABSENCE OF
43 MALICE ARE PRESUMED UNLESS THE PRESUMPTION IS OVERCOME BY A DEMONSTRATION
44 OF CLEAR AND CONVINCING EVIDENCE TO THE CONTRARY.

45 36-667. Civil penalty

46 A. THE DEPARTMENT MAY IMPOSE A CIVIL PENALTY OF NOT MORE THAN FIVE
47 THOUSAND DOLLARS IF A PERSON DOES THE FOLLOWING IN VIOLATION OF THIS
48 ARTICLE:

1 1. PERFORMS, OR PERMITS OR PROCURES THE PERFORMANCE OF, AN
2 HIV-RELATED TEST IN VIOLATION OF THIS ARTICLE.
3 2. DISCLOSES, COMPELS ANOTHER PERSON TO DISCLOSE OR PROCURES THE
4 DISCLOSURE OF CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION IN
5 VIOLATION OF THIS ARTICLE.
6 B. THE DIRECTOR SHALL TRANSMIT ALL MONIES COLLECTED PURSUANT TO
7 THIS SECTION TO THE STATE TREASURER FOR DEPOSIT IN THE STATE GENERAL FUND.
8 36-668. Private right of action
9 A PROTECTED PERSON MAY BRING AN ACTION IN SUPERIOR COURT FOR LEGAL
10 AND EQUITABLE RELIEF ON HIS OWN BEHALF AGAINST A PERSON WHO VIOLATES THIS
11 ARTICLE.
12 36-669. Human immunodeficiency testing of prisoners
13 THE STATE DEPARTMENT OF CORRECTIONS IN CONSULTATION WITH THE
14 DEPARTMENT OF HEALTH SERVICES MAY REQUIRE THAT A PRISONER BE TESTED FOR
15 THE HUMAN IMMUNODEFICIENCY VIRUS IF THE DEPARTMENT OF CORRECTIONS HAS
16 REASONABLE GROUNDS TO BELIEVE THAT THE PERSON IS INFECTED WITH THE HUMAN
17 IMMUNODEFICIENCY VIRUS AND IS A HEALTH THREAT TO OTHERS.

1 ARIZONA DEPARTMENT OF HEALTH SERVICES

2 Adopted Rules

3 CHAPTER 6

4 COMMUNICABLE DISEASES

5 ARTICLE 1. DEFINITIONS

6
7 R9-6-101. Definitions, general.

8 R9-6-107. Definitions, control measures for communicable and
9 preventable diseases.

10
11 ARTICLE 6. COMMUNICABLE DISEASE CONTROL

12
13 R9-6-603. Responsibilities of local health agencies for
14 communicable diseases.

15 R9-6-604. Responsibilities of clinicians, laboratorians and
16 others for reporting communicable diseases.

17 R9-6-605. Confidentiality of communicable disease information.

18
19 ARTICLE 7. CONTROL MEASURES FOR COMMUNICABLE
20 AND PREVENTABLE DISEASES

21
22 R9-6-701. Human Immunodeficiency Virus (HIV) infection and related
23 disease.

ARTICLE 1. DEFINITIONS

R9-6-101. Definitions, general

In this chapter, unless the context otherwise requires:

1. No change

2. "Case" means any person with a clinical syndrome of an infectious or communicable disease and whose condition is documented either by laboratory results which support the presence of the disease-producing agent, or by a physician's diagnosis based on clinical observation, or by epidemiologic associations with communicable disease.

3. No change

4. "HIV" means the Human Immunodeficiency Virus, the virus causing Acquired Immunodeficiency Syndrome (AIDS).

5. "Suspect carrier" means a person without clinical symptoms of disease, but who tests positive for HIV by culture, antigen, antibodies to the virus or viral genetic sequence detection.

6. "Suspect case" means a person whose medical history, signs or symptoms suggest the person may have or be developing a communicable disease.

1 R9-6-107. **Definitions, control measures for communicable and**
2 **preventable diseases**

3 In Article 7, unless the context otherwise requires,
4 "Counseling and testing site" means a health facility offering
5 clients HIV counseling and testing which meets the standards set
6 within the "Guidelines for HIV Counseling, Testing, and Partner
7 Notification", February 1988, Centers for Disease Control, 1600
8 Clifton Road, N.E., Atlanta, GA 30333, incorporated herein by
9 reference and on file with the Office of the Secretary of State.

10
11 **ARTICLE 6. COMMUNICABLE DISEASE CONTROL**

12
13 R9-6-603. **Responsibilities of local health agencies for**
14 **communicable diseases**

15 A. Local health agencies shall conduct or cause to be
16 conducted an epidemiological investigation of each reported case
17 or suspect case of any of the following diseases in their
18 jurisdiction:

19 1. Human Immunodeficiency Virus (HIV) infection and
20 related disease

21 2. through 34. No change

22 B. No change

23 C. The local health department shall notify the school
24 district superintendent that a school district pupil has been
25 reported as a case, suspect case or suspect carrier of HIV
26 infection, when all of the following criteria are met:

1 1. The infected pupil places others in the school setting
2 at risk for HIV infection.

3 2. The school district has established a communicable
4 disease policy which consists of the following criteria:

5 a. Infected pupils shall not be excluded from school or
6 school functions solely due to HIV infection.

7 b. Decisions regarding the educational setting for HIV-
8 infected pupils shall be made on a case-by-case basis by the school
9 district superintendent, the pupil, or parents or legal guardians
10 of a minor pupil, the pupil's physician and the local health
11 officer. The school district superintendent may choose to include
12 only the following individuals in this decision-making process:
13 the school administrator, school nurse and principal teacher or
14 counselor. Consideration shall be given to the risks and benefits
15 to the pupil and others of maintaining the pupil in the school
16 setting.

17 c. School district personnel informed of the pupil's HIV
18 infection shall maintain that information as confidential.

19 d. School district personnel who handle blood or body fluids
20 shall comply with the "Universal Precautions for Prevention of
21 Transmission of Human Immunodeficiency Virus, Hepatitis B Virus,
22 and other Bloodborne Pathogens in Health Care Settings", June 1988,
23 Centers for Disease Control, 1600 Clifton Road, N.E., Atlanta, GA
24 30333, incorporated herein by reference and on file with the Office
25 of the Secretary of State.
26

1 e. AIDS educational programs shall be made available to
2 pupils, parents and staff through age-appropriate curricula,
3 workshops or in-service training sessions.

4 3. The pupil, or parents or legal guardians of a minor pupil
5 have provided written consent for disclosure of the pupil's
6 infection status or the Director has provided written notice that
7 the consent has been refused but notification is necessary due to
8 the risks posed by the pupil to others in the school setting.

9 D. and E. No change

10
11 **R9-6-604. Responsibilities of clinicians, laboratorians and others**
12 **for reporting communicable diseases**

13 A. and B. No change

14 C. Clinical laboratory directors, or designated
15 representatives, shall submit reports of positive laboratory
16 findings for the following communicable disease pathogens:

17 1. through 4. No change

18 5. Human Immunodeficiency Virus (HIV)

19 6. through 9. No change

20 D. No change

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1 R9-6-605. Confidentiality of communicable disease information

2 A. The communicable disease reports required pursuant to
3 R9-6-601 and held by the Department, a local health department, a
4 health care provider or facility, third-party payor, physician,
5 clinic, laboratory or blood bank shall be confidential communicable
6 disease information. These reports shall not be disclosed except
7 under one of the following circumstances:

8 1. With the specific written authorization of the individual
9 who is the subject of a communicable disease report, the report or
10 any part of the report shall be disclosed to that individual or to
11 a person or legal entity designated by the individual.

12 2. Release may be made of medical or epidemiologic
13 information from communicable disease reports for statistical or
14 public health purposes, provided that such release is done in a
15 manner which prevents an individual person from being identified.

16 3. Disclosure of personal identifying information may be
17 made for the limited purposes of special investigations of the
18 natural history and epidemiology of AIDS or for collaborative
19 research efforts with a public health purpose. Disclosures shall
20 require written assurances of confidentiality by all participating
21 agencies and shall require prior approval by the Director.

22 4. Disclosure of personal identifying information may be
23 made between federal, state or local public health agencies for the
24 limited purposes of communicable disease surveillance and control.

25 5. Disclosure of personal identifying information may be
26 made when required by court order. However, in the event a local

1 health officer or designee is served with a court order for the
2 release of communicable disease information, that person shall
3 immediately make known to the court and, in the case of a search
4 warrant, to law enforcement authorities the provision of this rule
5 regarding confidentiality and conditions for disclosure. In
6 addition, that person shall immediately notify the Director of the
7 court order, so that the Director may explore the appropriateness
8 of quashing or resisting the order.

9 B. Whenever the Department or local health departments
10 disclose personal identifying information pursuant to this rule,
11 that information shall be accompanied by a written statement
12 indicating further disclosure of the information is prohibited and
13 that any person who violates this rule by releasing or making
14 public confidential communicable disease information without the
15 individual's written authorization specified in Subsection A,
16 Paragraph 1 is guilty of a class 3 misdemeanor pursuant to A.R.S.
17 §36-140.

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2. At the time of notification, the physician, hospital administrator or other person shall provide, or arrange for counseling which includes factual information regarding the virus, the syndrome and its symptoms, measures which are effective in reducing the likelihood of transmitting the virus to others the need to notify sex and/or needle-sharing partners of their exposure to the virus and the availability of assistance from local health agencies in partner notification procedures.

3. Local health agencies shall conduct or cause to be conducted an epidemiologic investigation of each reported case suspect case, and suspect carrier within 30 days of the initial report. Upon completion of the epidemiologic investigation, the local health department shall not retain any personal identifying information on the case, suspect case or suspect carrier.

4. Counseling and testing sites supervised by the Department or by local health agencies shall offer an anonymous testing option. Epidemiologic information including age, race, sex, county of residence and associated risk behaviors shall be collected on individuals opting for anonymous testing.



ROSE MOFFORD
Governor

STATE OF ARIZONA
GOVERNOR'S TASK FORCE ON AIDS

JANE AIKEN
Chair

August 8, 1990

Steven J. Englender, MD, MPH
Arizona Department of Health
Services
Division of Disease Prevention
3008 North Third Street, Room 301
Phoenix, Arizona 85012

Re: Proposed AIDS Related Administrative Rules

Dear Steve:

This letter will simply confirm my conversation with you regarding the AIDS related administrative rules which the Department of Health Services proposes to adopt in September, 1990. I understand these rules were drafted and taken through the public hearing process at a time when the Department could not possibly know what final action the Arizona Legislature would take on AIDS legislation. As a result of the later-adopted legislation (House Bill 2173), three subsections of the proposed rules will be inconsistent with the new legislation that takes effect on September 27, 1990. I understand you concur that R9-6-605.A.3, 4 and 5 will have to be withdrawn or amended when the Department of Health Services promulgates additional rules to implement HB 2173.

Due to the fact that the public hearing process has already concluded on the proposed rules, I realize you are procedurally unable to simply amend these three subsections before they become final without jettisoning the entire rules package and having to start all over. I also understand that you want to adopt this rule package as soon as possible to provide procedures for school district notification and to avoid any lapsing of rules permitting anonymous testing.

Therefore, in consideration of the foregoing I request that the Department send a copy of this communication, or a communication of similar content from the Department, to division staff and to the local public health agencies that will receive a copy of the final rules.

The subsections that will be overridden by the new legislation are subsections A.3, A.4 and A.5 of R9-6-605.

Dr. Steve Englender
August 8, 1990
Page Two

605.A.3 permits disclosure of research containing personal identifying information without the consent of the persons who are the subject of that research in very narrow circumstances. This subsection will violate A.R.S. §36-664.B.4 and D, which provide that such disclosures, in absence of consent, "shall be made without identifying the protected person."

605.A.4 permits the state and local health departments to disclose personal identifying information to other federal, state or local public health agencies on a discretionary basis for purposes of surveillance and control. However, A.R.S. §36-664.A.7 and 8 will limit such disclosures to circumstances where the "disclosure is mandated by federal or state law" or where the government agency is "specifically authorized by law to receive the information."

605.A.5 permits certain disclosures by DHS and local public health agencies when required by a court order, and requires certain interagency communications in the event such court orders are issued. In the context of "confidential HIV related information," this rule will be in direct conflict with A.R.S. §36-665.I, which provides "Notwithstanding any other law, a court or administrative body shall not order the department, a health department or local health department to release confidential HIV-related information in its possession." With regard to other "confidential communicable disease related information," the department's rule will have to reflect the more stringent procedural safeguards in A.R.S. §36-665, subsections A through H, which limit agency disclosures to much narrower circumstances and processes. A copy of §36-665 is attached.

I understand we are in agreement that ADHS and the local public health agencies will have to comply with the provisions of the new state law and must disregard these inconsistent provisions of Rule 605.

Thank you for your efforts in this regard. Please call me if we need to discuss any of these matters further.

Very truly yours,



Jane Aiken, Chair
Governor's Task Force on AIDS



ROSE MOFFORD, GOVERNOR
TED WILLIAMS, DIRECTOR

ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Disease Prevention
3008 N. 3rd Street
Phoenix, Arizona 85012
(602) 230-5808

August 23, 1990

Ms. Jane Aiken, Chair
Governor's Task Force on AIDS
3008 N. 3rd Street
Phoenix, Arizona 85012

Dear Ms. Aiken:

This letter is in response to your August 8 letter regarding proposed AIDS-related administrative rules soon to be adopted by the Arizona Department of Health Services.

I agree that there are inconsistencies between proposed rule R9-6-605 and the new AIDS legislation, Laws 1990, Chapter 335 (House Bill 2173). However, as we have discussed, the provisions of rule R9-6-605 will be superseded by the new legislation immediately upon the statute's effective date of September 27. In fact, the Department plans to amend this rule to be consistent with the new legislation as soon as practical upon certification of the rule. Emergency rule promulgation procedures are under consideration.

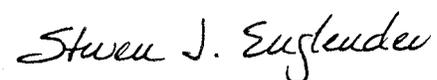
As part of the process the Department will be utilizing to inform public health agencies, community agencies, and others of the certification and implications of the rules package--which also includes the provisions for school district notification and the requirement for local health departments to provide an anonymous HIV testing option--the Department will make it clear that parts of rule R9-6-605 are overridden by the provisions of new legislation. In this regard, your analysis of the subsections of rule R9-6-605 will prove quite helpful and is appreciated.

The Department of Health Services is An Equal Opportunity Affirmative Action Employer.

Ms. Jane Aiken
Page 2
August 23, 1990

The Department looks forward to the smooth implementation of both the AIDS-related administrative rules and the new legislation. Please feel free to contact me if you have further questions or concerns regarding this matter.

Sincerely,



Steven J. Englender, M.D., MPH
Assistant Director

SJE:DH:bv

cc: Ted Williams
Judith Schaffert
Douglas Hirano

**DISTRIBUTION OF CDC AIDS FUNDING
IN THE STATE OF ARIZONA**

1985 - 1990

<u>COUNTY</u>		<u>4/85-8/86</u>	<u>9/86-2/88</u>	<u>4/86-4/87</u>	<u>5/87-4/88</u>	<u>5/88-12/88</u>	<u>1989</u>	<u>1990</u>
COCHISE								
POP -	85,680	0	0	0	19,000	20,000	29,000	35,560
AIDS -	10							
ARC -	6							
HIV -	42							
COCONINO								
POP -	75,008	0	0	0	10,000	21,000	32,000	48,986
AIDS -	8							
ARC -	0							
HIV -	16							
LA PAZ								
POP -	12,557	0	0	0	0	0	15,000	20,510
AIDS -	3							
ARC -	1							
HIV -	6							
MARICOPA								
POP -	1,509,052	42,000	15,882	21,500	152,400	346,211	539,675	518,791
AIDS -	903							
ARC -	296							
HIV -	1,538							
PIMA								
POP -	531,443	0	22,600	15,600	124,000	162,000	279,500	286,091
AIDS -	227							
ARC -	37							
HIV -	490							
PINAL								
POP -	90,918	0	0	0	11,000	22,000	36,000	37,765
AIDS -	11							
ARC -	2							
HIV -	22							

**DISTRIBUTION OF CDC AIDS FUNDING
IN THE STATE OF ARIZONA (cont)**

<u>COUNTY</u>	<u>4/85-8/86</u>	<u>9/86-2/88</u>	<u>4/86-4/87</u>	<u>5/87-4/88</u>	<u>5/88-12/88</u>	<u>1989</u>	<u>1990</u>
SANTA CRUZ							
POP - 20,459	0	0	0	0	0	15,000	30,000
AIDS - 2							
ARC - 1							
HIV - 3							
YAVAPAI							
POP - 68,145	0	0	0	0	10,000	30,000	31,102
AIDS - 13							
ARC - 1							
HIV - 22							
YUMA							
POP - 76,205	0	0	0	5,298	34,000	48,000	49,951
AIDS - 15							
ARC - 5							
HIV - 49							

TOTAL CONTRACTS (Within Counties)	42,000	38,482	37,100	322,098	615,211	1,024,175	1,058,756
NATIVE AMERICAN							
AIDS - 10	0	0	0	21,653	35,000	97,747	118,620
ARC - 3							
HIV - 32							
OTHER	0	58,876	0	20,000	289,365	260,000	229,743

<u>TOTAL CONTRACTUAL</u>	42,000	38,482	37,100	363,741	939,576	1,381,922	1,407,119
<u>TOTAL AWARD</u>	121,454	111,766	143,689	946,879	1,504,568	2,334,480	2,312,767
Minus Total Contractual	42,000	38,482	37,100	363,879	939,576	1,381,922	1,407,119
<u>FUNDS NOT CONTRACTED</u>	79,454	73,284	106,589	583,138	564,992	952,558	905,648



STATE OF ARIZONA
DEPARTMENT OF INSURANCE

ROSE MOFFORD
Governor

ABACUS TOWERS
3030 NORTH 3RD STREET, SUITE 1100
PHOENIX, ARIZONA 85012

SUSAN GALLINGER
Director of Insurance

CIRCULAR LETTER NO. 90-10

TO: ALL INSURANCE TRADE ASSOCIATIONS, INSURANCE MEDIA
PUBLICATIONS, AND INTERESTED PERSONS

DATE: SEPTEMBER 5, 1990

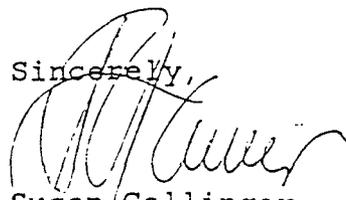
RE: AIDS/HIV TESTING AND CONSENT FORM

H.B. 2173, which becomes effective on September 27, 1990, mandates that the Department of Insurance draft rules to implement allowable tests and testing procedures, written consent to perform a human immunodeficiency virus ["HIV"] related test, procedures for confidentiality and disclosure of medical information, procedures for gathering underwriting information, and other rules that are reasonable and necessary to implement A.R.S. §20-448.01. The Department is presently drafting these rules. The rules will consist primarily of the Department's current "AIDS Guidelines", which are now in effect, but will include some additional modifications as may be required by the new law.

Because the rule-making procedure is quite lengthy, and we do not anticipate adoption of the rules prior to the September 27, 1990 effective date of H.B.2173, the Department of Insurance has prepared a model consent form for HIV testing, as required by A.R.S. §20-448.01(B). Until adoption of the rules, insurers may choose to use the model consent form or may submit the forms they currently use to this Department for approval.

Attached is a copy of the model consent form. All concerned persons are invited to submit written comments regarding the model form to this Department. Such comments should be addressed to: Sandra Lewis, Executive Assistant, Arizona Department of Insurance, 3030 North Third Street, Suite 1100, Phoenix, Arizona 85012.

Sincerely,



Susan Gallinger
Director

SG:SL/me
Attachment

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV)
ANTIBODY/ANTIGEN TESTING

INSURER NAME AND ADDRESS:

To evaluate your eligibility for insurance coverage, it is requested that you consent to be tested to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV). By signing and dating this form, you agree that these tests may be performed and that underwriting decisions (for example, the decision to accept or reject your application) will be based on the test results. You may have ten (10) days to decide whether you wish to sign this form. You may refuse to be tested. However, such refusal may be used by the insurer as a reason to deny coverage. Please see below for additional counseling information.

INFORMATION ON HIV

HIV, the virus that causes AIDS, is transmitted from one person to another through blood, semen, and vaginal fluids. The disease is spread primarily during anal, vaginal, or oral intercourse, the sharing of needles and syringes used for shooting drugs, or from a mother to her unborn child. HIV is not spread through casual contact, such as eating with or touching a person infected with the virus. There is no medical evidence that HIV is spread by kissing.

Persons most at risk of contracting HIV are men who have sex with other men; intravenous ("IV") drug users; prostitutes (male or female); persons who have had many sexual partners since 1977; persons who received transfusions of blood or blood products prior to March, 1985; the sexual partners of persons in any of these groups; and infants born to infected mothers.

PRE-TEST COUNSELING CONSIDERATIONS

Many public health organizations have recommended that before taking an HIV antibody/antigen test a person seek counseling to become fully informed about the implications of such tests. You may wish to consider obtaining such counseling at your own expense prior to being tested. Free confidential counseling is available in most Arizona communities. If you need information about the availability of counseling in your area contact your county health department or:

Phoenix metropolitan area: 234-2752
(Arizona AIDS Information Line)

Outside the Phoenix area: 1-800-334-1540
(Arizona Department of Health Services)