FIRST REGULAR SESSION

SENATE BILL NO. 250

95TH GENERAL ASSEMBLY

	INTRODU	CED BY SENATOR	SMITH.	
Read 1st time January 2	6, 2009, and ordered printed.			
1208S.01I	TT	<u> </u>	•	TERRY L. SPIELER, Secretary.
	UII	AN ACT		

To amend chapter 217, RSMo, by adding thereto four new sections relating to the stop HIV/AIDS in prison act.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 217, RSMo, is amended by adding thereto four new 2 sections, to be known as sections 217.625, 217.628, 217.631, and 217.634, to read 3 as follows:

217.625. 1. Sections 217.625 to 217.634 shall be known and may 2 be cited as the "Stop HIV/AIDS in Prison Act of 2009".

3 2. As used in sections 217.625 to 217.634, the following terms shall
4 mean:

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(1) "AIDS", acquired immunodeficiency syndrome;

(2) "Department", the department of corrections;

7 (3) "HIV", the human immunodeficiency virus that causes
8 acquired immunodeficiency syndrome (AIDS);

9 (4) "HIV/AIDS testing", performing a serological test or other 10 tests upon a biological specimen to determine the presence of HIV or 11 its antibodies in the specimen following HIV sampling.

217.628. 1. The department of corrections shall develop a comprehensive policy to provide HIV testing, treatment, and prevention for inmates within the state correctional setting and upon reentry.

4 2. The department shall consult with appropriate officials within 5 the department of health and senior services regarding the 6 development of this policy.

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3. The policy developed under this section shall include all of the

8 following:

9 (1) Testing and counseling upon intake. Medical personnel shall provide routine HIV testing to all inmates as a part of a comprehensive 10medical examination immediately following admission to a facility. For 11 12inmates admitted to a facility prior to the effective date of this policy, medical personnel shall provide routine HIV testing within no more 1314than six months. HIV testing for such inmates may be performed in conjunction with other health services provided to such inmates by 1516medical personnel;

(2) Pretest and post-test counseling. Medical personnel shall
provide confidential pretest and post-test counseling to all inmates who
are tested for HIV. Counseling may be included with other general
health counseling provided to inmates by medical personnel;

21 (3) HIV/AIDS prevention education;

22(a) Medical personnel shall improve HIV/AIDS awareness through frequent educational programs for all inmates. HIV/AIDS 2324educational programs may be provided by community-based organizations, local health departments, and inmate peer 2526educators. Such programs shall include information on modes of 27transmission, including transmission through tattooing, sexual contact, 28and intravenous drug use; prevention methods; treatment; and disease 29progression. Such programs shall be culturally sensitive, conducted in 30 a variety of languages, and present scientifically accurate information in a clear and understandable manner; 31

32 (b) HIV/AIDS educational materials shall be made available to all 33 inmates at orientation, at health care clinics, at regular educational 34 programs, and prior to release. Both written and audio-visual 35 materials shall be made available to all inmates. Such materials shall 36 be culturally sensitive, written for low literacy levels, and available in 37 a variety of languages;

38 (4) HIV testing upon request;

(a) Medical personnel shall allow inmates to obtain HIV tests
upon request once per year or whenever an inmate has a reason to
believe the inmate may have been exposed to HIV. Medical personnel
shall, both orally and in writing, inform inmates, during orientation
and periodically throughout incarceration, of their right to obtain HIV

44 **tests**;

(b) Medical personnel shall encourage inmates to request HIV
tests if the inmate is sexually active, has been raped, uses intravenous
drugs, receives a tattoo, or if the inmate is concerned that the inmate
may have been exposed to HIV/AIDS;

49 (c) An inmate's request for an HIV test shall not be considered
50 an indication that the inmate has put himself or herself at risk of
51 infection or committed a violation of prison rules or both;

52 (5) HIV testing of pregnant women. Medical personnel shall
53 provide routine HIV testing to all inmates who become pregnant;

54 (6) Comprehensive treatment;

(a) Medical personnel shall provide all inmates who test positive
for HIV:

a. Timely comprehensive medical treatment;

b. Confidential counseling on managing their medical condition
and preventing its transmission to other persons; and

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c. Voluntary partner notification services;

61 (b) Medical care provided under this subdivision shall be 62 consistent with current department of health and senior services 63 guidelines and standard medical practice. Medical personnel shall 64 discuss treatment options, the importance of adherence to 65 antiretroviral therapy, and the side effects of medications with inmates 66 receiving treatment;

67 (c) Medical and pharmacy personnel shall ensure that the facility 68 formulary contains all FDA-approved medications necessary to provide 69 comprehensive treatment for inmates living with HIV/AIDS, and the 70 facility maintains adequate supplies of such medications to meet 71 inmates' medical needs. Medical and pharmacy personnel shall also 72 develop and implement automatic renewal systems for such 73 medications to prevent interruptions in care;

(d) Correctional staff and medical and pharmacy personnel shall
develop and implement distribution procedures to ensure timely and
confidential access to medications;

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(7) Protection of confidentiality;

(a) Medical personnel shall develop and implement procedures
79 to ensure the confidentiality of inmate tests, diagnoses, and

80 treatment. Medical personnel and correctional staff shall receive 81 regular training on the implementation of such procedures. Penalties 82 for violations of inmate confidentiality by medical personnel or 83 correctional staff shall be specified and strictly enforced;

(b) HIV testing, counseling, and treatment shall be provided in a confidential setting where other routine health services are provided and in a manner that allows the inmate to request and obtain such services as routine medical services;

88 (8) Testing, counseling, and referral prior to reentry;

(a) Medical personnel shall provide routine HIV testing to all inmates, other than inmates who have tested positive for HIV, no more than three months prior to their release and reentry into the community. Such requirement may be waived if an inmate's release occurs without sufficient notice to the department to allow medical personnel to perform a routine HIV test and notify the inmate of the results;

96 (b) For all inmates who have tested positive for HIV and all
97 inmates who already are known to have HIV/AIDS, medical personnel
98 shall provide:

99 a. Confidential prerelease counseling on managing their medical 100 condition in the community, assessing appropriate treatment and 101 services in the community, and preventing the transmission of their 102 condition to family members and other persons in the community;

b. Referrals to appropriate health care providers and social
service agencies in the community that meet the inmate's individual
needs, including voluntary partner notification services and prevention
counseling services for persons living with HIV/AIDS; and

c. A thirty-day supply of any medically necessary medications
the inmate is currently receiving;

(9) Opt-out provision. Except as provided for in section 191.659, RSMo, inmates shall have the right to refuse routine HIV testing. Inmates shall be informed both orally and in writing of such right. Oral and written disclosure of such right may be included with other general health information and counseling provided to inmates by medical personnel. If an inmate refuses a routine test for HIV, medical personnel shall take note of the inmate's refusal in the inmate's confidential medical records. However, the inmate's refusal shall not
be considered a violation of prison rules or result in disciplinary
action;

119 (10) Exposure incident testing. The department may perform 120 HIV testing of an inmate who is involved in an exposure incident. For purposes of this subdivision, exposure incident means a possible 121122transmission of HIV, whether intentional or unintentional, to any 123medical personnel, correctional staff, or other inmate. Such testing is 124not routine HIV testing for purposes of subdivision (9) of this 125subsection and does not require the inmate's consent. Medical 126 personnel shall document the reason for exposure incident testing in the inmate's confidential medical records; and 127

(11) Timely notification of test results. Medical personnel shall
provide timely notification to inmates of the results of HIV tests.

217.631. The department shall promulgate rules to implement the provisions of sections 217.625 to 217.634. Any rule or portion of a rule, $\mathbf{2}$ 3 as that term is defined in section 536.010, RSMo, that is created under the authority delegated in sections 217.625 to 217.634 shall become 4 effective only if it complies with and is subject to all of the provisions 56 of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. Sections 217.625 to 217.634 and chapter 536, RSMo, are 7 nonseverable and if any of the powers vested with the general assembly 8 pursuant to chapter 536, RSMo, to review, to delay the effective date, 9 10 or to disapprove and annul a rule are subsequently held 11 unconstitutional, then the grant of rulemaking authority and any rule 12proposed or adopted after August 28, 2009, shall be invalid and void.

217.634. By February 1, 2011, and annually thereafter, the 2 department shall provide a report to the governor and general 3 assembly on department policies and procedures to provide testing, 4 treatment, and prevention education programs for HIV/AIDS and the 5 incidence among inmates of HIV/AIDS. Such report shall include, but 6 not be limited to:

7 (1) The number of inmates who tested positive for HIV upon8 intake;

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- (2) The number of inmates who tested positive prior to reentry;
 - (3) The number of inmates who were not tested prior to reentry

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11 because they were released without sufficient notice;

- 12 (4) The number of inmates who opted out of taking the test;
- 13 (5) The number of inmates who were tested following exposure

14 incidents; and

15 (6) The number of inmates under treatment for HIV/AIDS.

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