

HOUSE BILL REPORT

HB 2914

As Reported By House Committee On:

Health Care

Title: An act relating to the diagnosis and reporting of sexually transmitted diseases.

Brief Description: Diagnosing and reporting sexually transmitted diseases.

Sponsors: Representatives Dyer, Talcott, Backlund, Bush, Mielke, Sump, Crouse, Benson, Smith, Mulliken, Boldt, Lambert, Carlson, Carrell, Sehlin, Huff, Sullivan, Thompson, L. Thomas and Lisk.

Brief History:

Committee Activity:

Health Care: 2/3/98 [DPS].

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Skinner, Vice Chairman; Cody, Ranking Minority Member; Murray, Assistant Ranking Minority Member; Anderson; Conway; Parlette; Sherstad; Wood and Zellinsky.

Staff: Bill Hagens (786-7131).

Background: Current law requires a diagnosis of a sexually transmitted disease (STD) be confirmed by an approved laboratory test. HIV is reported anonymously to the Department of Health (DOH). Presently, there are 60 diseases that require name reporting, including Botulism, Cholera, Diphtheria, Measles, Plague, Rabies, Pertussis, Syphilis, Tuberculosis, Typhoid fever, AIDS, and Chlamydia. Reporting requirements are not in statute, but adopted in rule by the state Board of Health.

Since 1982, Washington providers have been required to report cases of symptomatic HIV infection and AIDS. These case reports include name, demographic data, risk factors, and clinical status indicators. There have been 8,201 AIDS cases reported through January 31, 1998, and there are approximately 600 additional symptomatic HIV infection case reports on record at this time.

The DOH is partially funded by the U.S. Centers for Disease Control (CDC) and must meet standards for such systems in order to retain funds. The DOH subcontracts with Seattle/King County Department of Public Health for HIV/AIDS surveillance in King County. The DOH staff are responsible for surveillance for all other counties. On a monthly basis, aggregate case reporting data is encrypted so as to eliminate names it provided to the CDC, which data is used in production of national epidemic profiles.

There is general agreement that AIDS case reporting is no longer sufficient to monitor the epidemic and to target prevention and care resources. Recent advances in combination drug therapy for HIV disease have altered the natural progression of infection, delaying onset of reportable AIDS and AIDS related deaths. It is no longer possible to apply statistical methods to declining AIDS cases to understand the impact of HIV by region, risk factor, and other demographics. In the absence of an HIV surveillance system, public health authorities have inadequate information necessary to understand the current course of the HIV epidemic, target prevention and public health services toward those at highest risk, and provide links between health and social services.

As of January 1998, 31 states have implemented name-based HIV reporting using the same methods as for AIDS surveillance and two have implemented a system using non-name unique identifiers.

Summary of Substitute Bill: The Governor shall appoint a 15-member HIV surveillance implementation task force, with broad representation, to develop a statewide pilot project for HIV infection surveillance and report to the state Board of Health by October 1, 1998. The task force shall ensure the system recommended for the pilot meets guidelines for access to federal funds.

Substitute Bill Compared to Original Bill: Deletes HIV named reporting requirement; and creates a task force to develop a statewide pilot project on HIV reporting. Adds an emergency clause.

Appropriation: None.

Fiscal Note: Requested on substitute on February 6, 1998.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Testimony For: This bill is needed to address the changing challenges of HIV/AIDS prevention and treatment.

Testimony Against: None.

Testified: (All pro) Dr. Peter Marsh, Washington State Medical Association; Federico Cruz and Diane Sharma, Tacoma/Pierce County Health Department; Steven Johnson, Northwest AIDS Foundation (w/amendment); Judith Billings, Governor's Advisory Council on HIV/AIDS; Dr. Robert Ward, Seattle/King County Department of Public Health; and Jutta Riediger, Mason County AIDS Advisory Council.