

SENATE BILL REPORT

SHB 2914

As Reported By Senate Committee On:
Health & Long-Term Care, February 20, 1998

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

Brief Description: Diagnosing and reporting sexually transmitted diseases.

Sponsors: House Committee on Health Care (originally sponsored by 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 & Long-Term Care: 2/20/98 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Deccio, Chair; Wood, Vice Chair; Benton, Fairley, Franklin and Wojahn.

Staff: Jonathan Seib (786-7427)

Background: Washington law requires health care providers to report to the Department of Health the name and demographic information of persons diagnosed with any of 54 listed diseases. The list of reportable diseases is established in rule by the state Board of Health. Since 1982, the list has included AIDS and symptomatic HIV cases, but does not require reporting of persons who have tested only HIV positive.

Advances in treatment have substantially decreased the number of AIDS deaths in Washington, and slowed down the progression of the disease among HIV-positive individuals. There is concern that this success has reduced the ability of public health officials to closely monitor the AIDS epidemic, which is necessary in order to correctly target prevention and treatment resources. Since only actual AIDS cases are reportable, health improvements among those with HIV have made it less clear where the epidemic is heading and how best to respond to the changing nature of the disease.

In response to concerns such as these, the National Center for Disease Control (CDC) has indicated its intent to move forward with some form of enhanced national HIV case reporting. It remains unclear what the guidelines will be and whether the CDC will, in effect, mandate compliance by withholding federal grant funds for HIV prevention and epidemiology from states which do not comply with new case reporting recommendations.

In January 1998, following a series of public hearings, a task force presented recommendations on HIV reporting to the Governor's Advisory Council on HIV/AIDS. The task force agreed that the current AIDS surveillance system is obsolete as an accurate

measure of the AIDS epidemic, and discussed two methodologies for HIV reporting. One proposal called for named reporting and a second for anonymous reporting based on identification numbers. The Governor's Council voted to recommend to the Governor a unique identifier-based reporting system.

Thirty-one 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 Bill: The Governor must 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 must ensure the system recommended for the pilot meets guidelines for access to federal funds.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: We support this effort to move forward the discussion on HIV reporting.

Testimony Against: None.

Testified: Representative Dyer, prime sponsor; Dian Sharma, Tacoma-Pierce County Health Department (pro); Jeanette Stehr-Green, Department of Health (pro); Steven Johnson, Northwest AIDS Foundation (pro).