Department of Planning and Budget
2008 Fiscal Impact Statement

1. **Bill Number:** HB1100-H1

House of Origin	___	Introduced	_X_	Substitute	___	Engrossed
Second House	___	In Committee	___	Substitute	___	Enrolled

2. **Patron:** Sickles

3. **Committee:** Health, Welfare and Institutions

4. **Title:** **Informed consent for testing for human immunodeficiency virus**

5. **Summary:** Removes the requirement for separate oral or written informed consent for testing for human immunodeficiency virus (HIV) and adds the requirement that a medical care provider inform a patient that the test is planned, provide information about the test, and advise the patient that he has the right to decline the test. If a patient declines the test, the medical care provider shall note that fact in the patient's medical file. In addition, as a routine component of prenatal care, every practitioner licensed pursuant to this subtitle who renders prenatal care, including any holder of a multistate licensure privilege to practice nursing, regardless of the site of such practice, shall inform every pregnant woman who is his patient that HIV screening is recommended for all pregnant patients and that she will receive an HIV test as part of the routine panel of prenatal tests unless she declines (opt-out screening). The practitioner shall offer the pregnant woman oral or written information that includes an explanation of HIV infection, a description of interventions that can reduce HIV transmission from mother to infant, and the meaning of positive and negative test results.

6. **Fiscal Impact Estimates:**

6a. Expenditure Impact:

	Dollars		
Fiscal Year	***GF***	***NGF***	***Positions***
2008			
2009		$827,624	2.00
2010		$830,766	2.00
2011		$830,766	2.00
2012		$830,766	2.00
2013		$830,766	2.00

6b. Revenue Impact:

	Dollars		
Fiscal Year	***GF***	***NGF***	***Positions***
2008	-	-	0.0
2009	-	$704,000	0.0
2010	-	$704,000	0.0
2011	-	$704,000	0.0
2012	-	$704,000	0.0
2013	-	$704,000	0.0

7. **Budget Amendment Necessary:** Yes, Item 293 (40506).

8. **Fiscal Implications:** The bill eliminates the requirement to obtain separate consent for HIV testing, which could result in an increase of HIV tests since the tests could be part of other blood lab work in clinical settings, resulting in more HIV-positive cases. Reporting regulations require that all HIV-positive cases (public and private sector) be reported to the local health department. Also, current Division of Disease Prevention protocol requires health counselors to conduct two interviews with each HIV-positive individual, and the Virginia Department of Health (VDH) is mandated to provide counseling and partner notification services to persons with HIV infection. In addition, persons who have tested HIV-positive will be referred to medical care. It is expected that private providers and health districts would make routine HIV testing available, although there is no way to determine how quickly this will occur. This bill could potentially result in 245 new HIV infections being identified each year.

   There is limited data from which to draw conclusions as to how many people will actually be tested for HIV. Census Bureau data for year 2006 indicated that approximately 4.9 million Virginians aged 18-64, who closely match the Centers for Disease Control and Prevention (CDC) target population for routine HIV testing, could be eligible to receive HIV testing. Of these, about half (2.45 million) would reasonably be expected to have a health encounter in a given year. Assuming provider delays with implementation, lack of coverage by some insurance companies, and that some people will choose to opt out, we estimate that 10 percent (or 245,000) of eligible people making a health care visit will be tested for HIV. This would be in addition to testing that is already occurring. Published studies, along with the agency's past experiences, have shown that testing in low prevalence populations will result in about 0.1 percent (245) being diagnosed with HIV infection.

   As screening for HIV increases, the caseload for the health counselors throughout Virginia could become more difficult to manage. Typically, a health counselor spends about 15 hours providing these services to a patient infected. For 245 new cases, this equates to about 3,675 hours of staff time needed for this effort. Health counselors in Virginia manage both HIV and sexually transmitted disease (STD) in their caseloads. Because the new HIV cases will occur throughout the state, health counselors throughout Virginia will need to absorb the new HIV cases along with their other work.

   Due to the bill potentially increasing HIV testing and HIV-positive cases, two new health counselor positions ($37,000 for salary and $15,361 for fringe benefits would cost $52,361 for each position = $104,722) would be needed to provide case management services for the newly identified positives. In addition, the expenditure estimates include travel cost (1,200 miles a month x 12 x $0.505 = $7,272 x 2 = $14,544), and a 3 percent salary increase ($1,571 x 2 = $3,142) in FY 2010. Also included in the estimate are computer costs ($800 x 2 = $1,600), on-going VITA costs ($1,379 x 2 = $2,758), and office space. Total for these costs would be $4,358.

   In September 2007, VDH received grant funding from a new CDC initiative to support HIV testing in non-traditional settings. The health counselor positions can be supported with federal funding from that grant. These positions will be part of the Communicable Disease

and Prevention and Control Program, based in the Central Office and utilized in those districts that are most impacted by this bill. This allows for flexibility in meeting changes in caseloads across the state, and is similar to other VDH staff positions established in 1989 to meet the legislative mandate on reporting HIV-infected cases.

Also, VDH currently utilizes federal Ryan White Part B funding to provide drug and medical care assistance to about 18 percent of reported HIV-infected clients at an average cost of about $16,000 per person. Using this as a guide, the nongeneral fund (NGF) costs associated with this bill are calculated as follows: 245 new positives x 18 percent who will need federal assistance = 44 patients and $16,000 average cost to federal Ryan White grant x 44 patients = $704,000.

Since Ryan White funding is based on the number of reported cases, increased identification of people with HIV infection could generate additional federal funding for the provision of medical treatment. Preventative services and substance abuse programs may also benefit in that federal funding to these programs is sometimes based on the number of cases. However, if other states also have an increase in cases, then funding may not increase proportionally.

9. **Specific Agency or Political Subdivisions Affected:** Virginia Department of Health, Department of Social Services, hospital and other medical care facilities, and federal agencies (CDC) - Ryan White grantees.

10. **Technical Amendment Necessary:** No.

11. **Other Comments:** No.

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cc: Secretary of Health and Human Resources