HIV Testing Changes

September 5, 2017

Memorandum

Changes to HIV Testing of Pregnant Women (PA 100-0265) and Referral of Patients to Home Health Services (PA 100-0099)

Two pieces of legislation recently enacted into law will impact policies, protocols and operations in hospital departments. One measure updates the required testing of pregnant women for HIV. The other affects the home health and health services referral policy for healthcare providers. A summary of each follows.

HIV Testing of Pregnant Women

**PA 100-0265 (HB 2800)**, signed into law on Aug. 22, 2017 and effective immediately, amends the Perinatal HIV Prevention Act. It requires healthcare professionals who provide healthcare services to a pregnant woman to offer HIV counseling and testing on an opt-out basis two times during a woman’s pregnancy. The first opt-out testing must be completed as early in the woman’s pregnancy as possible. The second opt-out testing must be conducted in the third trimester, ideally by the 36th week of pregnancy. The second test is not required if the pregnant woman has a documented negative HIV status from the third trimester of her current pregnancy or is already HIV-positive. Any refusal of counseling and testing must comply with the requirements for informed consent in the [AIDS Confidentiality Act](#) and be documented in the pregnant woman’s medical record.

Additionally, any healthcare professional or hospital caring for a pregnant woman during labor or delivery is required to offer counseling and rapid HIV testing on an opt-out basis, if that pregnant woman does not have a documented third-trimester HIV test or is already HIV-positive. Patient refusal may be verbal or written. However, it must be noted in the patient’s medical record and the newborn’s medical record.

Finally, the reporting section has been updated to require hospitals to adopt a policy that provides a report to the Illinois Department of Public Health’s (DPH) Perinatal HIV Hotline within 12 hours, but not later than 24 hours, of a preliminary HIV-positive pregnant or delivering woman or HIV-exposed newborn infant test result.

In addition to the current reporting, aggregate monthly reporting by each hospital to DPH must include the number of:

- Pregnant or delivering women who presented with known HIV status;
- Pregnant women rapidly tested for HIV in labor/delivery as either a first HIV test or a repeat third-trimester HIV test;
- Newborn infants rapidly tested for HIV exposure because the HIV status of the delivering woman was unknown in the third trimester or the delivering woman refused testing; and
- Preliminary HIV-positive pregnant or delivering women and preliminary HIV-exposed newborn infants identified.

While these are additional requirements on hospitals and staff, through IHA’s advocacy efforts, the requirements of the initial legislative proposal were significantly reduced. This included required HIV counseling and testing during any interaction with a pregnant woman, even if it was not part of her prenatal care, including in the emergency department.

Patient Referral to Home Health Services

**PA 100-0099 (SB 1676)**, signed into law Aug. 11, 2017 and effective Jan. 1, 2018, prohibits hospitals, nursing homes and healthcare providers from referring a patient or the family of a patient to any home health, home services or home nursing agency unless that agency is licensed under the Home Health, Home Services, and Home Nursing Agency Licensing Act. See the following state resources:
• IDPH Home Health Agency Directory;
• IDPH Home Services Directory; and
• IDPH Home Nursing Agency Directory.