

# District of Columbia

## Introduction and Table of Contents

April 8, 2011

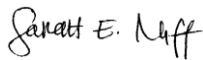
To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at (800) 933-3413. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPLINE](#)) at (888) 448-4911 for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at (888) 448-8765 for consultation on preventing mother-to-child transmission of HIV.

We update the *Compendium* periodically, but it is beyond the scope of the project to perform updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at [neffs@nccc.ucsf.edu](mailto:neffs@nccc.ucsf.edu).

Thank you,



Sarah E. Neff, MPH  
Director of Research and Evaluation

&



Ronald H. Goldschmidt, MD  
Director

National HIV/AIDS Clinicians' Consultation Center (NCCC)  
San Francisco General Hospital  
University of California, San Francisco

The Warmline, PEPLINE, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

<b>Table of Contents</b>	<b>i</b>
Definitions and Helpful Resources	ii
Quick Reference Guide for Clinicians to DC HIV Testing Laws	iii
Perinatal Quick Reference Guide for Clinicians	iv
State Policies Relating to HIV testing, 2011	DC-1 – DC-10

## Definitions and Helpful Resources

April 8, 2011

### Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient’s name is not recorded with test results.
- **Confidential** – Patient’s name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.<sup>1</sup>
  - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient’s personal and social supports; (4) determining the patient’s readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required.
  - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.<sup>1</sup>
- **Name-based reporting** – Cases are reported by patient name (required in all states except HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.<sup>2</sup>
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.<sup>1</sup>
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.<sup>3</sup>
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

### Helpful Resources

**CDC Recommendations and Guidelines:** <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

**Emergency Department Implementation Guide:** <http://edhivtestguide.org/>

**Prenatal HIV Testing Website:** <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

**For questions or comments about the compendium, contact NCCC:** [neffs@nccc.ucsf.edu](mailto:neffs@nccc.ucsf.edu)

**Clinicians with questions about HIV testing can call the Warmline at 800-933-3413.**

<sup>1</sup> Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

<sup>2</sup> <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

<sup>3</sup> <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

# District of Columbia

## A Quick Reference Guide for Clinicians to District of Columbia HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant District of Columbia HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of District of Columbia HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

### Informed Consent

- No specific provisions regarding informed consent were found.

### Counseling

- No specific provisions regarding counseling were found.

### Provisos of Testing

- **Anonymous**
  - Testing must be made available anonymously.
  - Anonymous testing is available at designated anonymous testing sites.
- **Rapid**
  - No specific provisions regarding rapid testing were found.
- **Routine**
  - No specific provisions regarding routine testing were found.

### Disclosure

- No specific provisions regarding disclosure were found.

### Minor/Adolescent Testing

- No specific provisions regarding minor or adolescent testing were found.

# District of Columbia

## ***Perinatal Quick Reference Guide:***

### **A Guide to District of Columbia Perinatal HIV Testing Laws for Clinicians**

April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant District of Columbia perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of District of Columbia HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* ([www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)), “Testing of pregnant women and/or newborns.”

#### **Prenatal**

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

#### **Labor & Delivery**

- No specific provisions regarding labor & delivery testing were found.

#### **Neonatal**

- No specific provisions regarding neonatal testing were found.

#### **Other**

- N/A

**District of Columbia  
State Policies Relating to HIV Testing, 2011**

**Table of Contents**

**District of Columbia Code [DCC]**

**Title 7: Human Health Care & Safety**..... Page 3  
**Title 22: Criminal Offenses and Penalties**..... Page 4  
**Title 31: Insurance & Securities**..... Page 5-7  
**Title 48: Food and Drugs**..... Pages 8-9

**District of Columbia Municipal Regulations [DCMR]**

**Title 22: Public Health and Medicine**..... Page 10

	<b>Policy Category</b>	<b>Type</b>	<b>Section Code(s)</b>
<b>RESTRICTIONS/MADNATES</b>	Restrictions on use of HIV test	Insurers must cover HIV testing for the insured receiving emergency medical services, whether for HIV treatment or not	DCC § 31-2801
	Mandatory testing within the criminal justice system	Persons convicted of a sex offense, upon request of victim	DCC § 22-3902
	Mandatory testing outside of the Criminal justice system	Mandated testing by court order in cases of possible threats to public health	DCC § 7-131
<b>PRE-TESTING</b>	Mandatory offering of HIV/AIDS information and/or testing	Needle exchange sites must provide HIV counseling and referrals to testing sites	DCC § 48-1103.01
		Insurance companies must provide factual materials on HIV/AIDS before testing	DCC § 31-1606
	Informed consent	Written consent required for insurance testing	DCC § 31-1606
	Counseling requirements	HIV counseling must be offered to convicted sex offenders and victims	DCC § 22-3902
		Mandatory pre-test counseling for insurance testing	DCC § 31-1606
	Anonymous testing	Department must sponsor anonymous testing sites	DCMR 206.6
		All testing must be available anonymously	DCMR 206.6

POST-TEST	Disclosure/confidentiality	HIV test results as confidential	DCC § 7-1605
		Exceptions to confidentiality	DCC § 7-131
		Court orders may allow access to confidential test results	DCC § 7-131
	Reporting	Name-based reporting	DCMR 206.3
		Department of Health mandated to develop list of reportable diseases and procedures	DCC § 7-131
		Insurers may report numerical data only to Commissioner of Health for epidemiological purposes	DCC § 31-1606
		Blood banks required to report positives within 48 hours	DCMR 211.8
OTHER	Testing of pregnant women and/or newborns	No related laws found	
	Testing of minors/adolescents	No related laws found	
	Rapid HIV testing	No related laws found	
	Training and education of health care providers	No related laws found	

## Recommended Resources

### Council of the District of Columbia

<http://www.dccouncil.washington.dc.us/>

### District of Columbia Municipal Regulations

<http://os.dc.gov/os/cwp/view,a,1206,q,522371.asp>

### DC Department of Health

<http://doh.dc.gov/doh/site/default.asp>

### DC Department of Health, HIV/AIDS Administration

[http://doh.dc.gov/doh/cwp/view,a,1371,q,573205,dohNav\\_GID,1802,dohNav,|33200|34259|.asp](http://doh.dc.gov/doh/cwp/view,a,1371,q,573205,dohNav_GID,1802,dohNav,|33200|34259|.asp)

<b>Title 7: Human Health Care and Safety</b>
--

DC Title 7 Code §	Code Language
§ 7-131 [Formerly § 6-117]	<p><b>Regulations to prevent spread of communicable diseases</b></p> <p>(a) The Mayor may, upon the advice of the Commissioner of Public Health and pursuant to subchapter I of Chapter 5 of Title 2, issue rules to prevent and control the spread of communicable diseases, environmentally or occupationally related diseases, and other diseases or medical conditions that the Commissioner of Public Health has advised should be monitored for epidemiological or other public health reasons. These rules may include, but shall not necessarily be limited to:</p> <ul style="list-style-type: none"> <li>(1) A list of reportable diseases and conditions;</li> <li>(2) Reporting procedures; and</li> <li>(3) Requirements and procedures for restriction of movement, isolation, and quarantine not inconsistent with this subchapter.</li> </ul> <p>(b) (1) Except as provided in paragraph (2) of this subsection, the Commissioner of Public Health shall use the records incident to the case of a disease or medical condition reported under this subchapter for statistical and public health purposes only, and identifying information contained in these records shall be disclosed only when essential to safeguard the physical health of others. No person shall otherwise disclose or redisclose identifying information derived from these records unless:</p> <ul style="list-style-type: none"> <li>(A) The person reported gives his or her prior written permission; or</li> <li>(B) A court finds, upon clear and convincing evidence and after granting the person reported an opportunity to contest the disclosure, that disclosure:             <ul style="list-style-type: none"> <li>(i) Is essential to safeguard the physical health of others; or</li> <li>(ii) Would afford evidence probative of guilt or innocence in a criminal prosecution.</li> </ul> </li> </ul> <p>(2) The prohibitions set forth in paragraph (1) of this subsection shall not apply to the exchange and use of information effected under Chapter 29 [repealed] of Title 3, subchapter I of Chapter 13 of Title 4, and Chapter 23 of Title 16.</p>
§ 7-1605	<p><b>Confidentiality of medical records and information.</b></p> <p>The provisions of the Preventive Health Services Amendments Act of 1985 (D.C. Law 6-83), pertaining to the confidentiality of medical records and information on persons with AIDS, shall be applicable to this chapter.</p>

<b>Title 22: Criminal Offenses and Penalties</b>
--

DC Title 22 Code §	Code Language
§ 22-3901 [Formerly § 24-491]	<p><b>Definitions</b></p> <p>For the purposes of this chapter, the term:</p> <p>(1) "Convicted" means having received a verdict, or a finding, of guilt in a criminal proceeding, adjudicated as being delinquent in a juvenile proceeding, or having entered a plea of guilty or nolo contendere.</p> <p>(2) "HIV test" means blood testing for the human immunodeficiency virus ("HIV") or any other identified causative agent of the acquired immune deficiency syndrome ("AIDS").</p> <p>(3) "Mayor" means the Mayor of the District of Columbia, or his or her designee.</p> <p>(4) "Offense" means any prohibited activity involving a sexual act that includes contact between the penis and the vulva or the penis and the anus, however slight, or contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus.</p> <p>(5) "Victim" means a person injured by the commission of an offense, and includes the parent or legal guardian of a victim, if the victim is a minor, or the spouse or child of a victim, if the victim is deceased or incapacitated.</p>
§ 22-3902 [Formerly § 24-492]	<p><b>Testing and counseling</b></p> <p>(a) Upon the request of a victim, the court shall order any individual convicted of an offense, as defined by § 22-3901, to furnish a blood sample to be tested for the presence of HIV.</p> <p>(b) The court shall promptly notify the Mayor of any court order for an HIV test. Upon receipt of a court order for an HIV test, the Mayor shall promptly collect a blood sample from the convicted individual and conduct an HIV test on the blood sample.</p> <p>(c) After conducting the HIV test, the Mayor shall promptly notify the victim and the convicted individual of the results of the HIV test. The Mayor shall not disclose the results of the HIV test without also providing, offering, or arranging for appropriate counseling and referral for appropriate health care and support services to the victim and the convicted individual.</p> <p>(d) The victim may disclose the results of the HIV test to any other individual to protect the health and safety of the victim, the victim's sexual partners, or the victim's family.</p> <p>(e) The result of any HIV test conducted under this section shall not be admissible as evidence of guilt or innocence in any criminal proceeding.</p>



<b>Title 31: Insurance and Securities</b>
---

DC Title 31 Code §	Code Language
§ 31-1603	<p><b>Prohibited actions.</b></p> <p>(a) Repealed.</p> <p>(b)(1) In determining whether to issue, cancel, or renew insurance coverage, an insurer may not use age, marital status, geographic area of residence, occupation, sex, sexual orientation, or any similar factor or combination of factors for the purpose of seeking to predict whether any individual may in the future develop AIDS or ARC.</p> <p>(2) In determining rates, premiums, dues, assessments, benefits covered, or expenses reimbursable, or in any other aspect of insurance marketing or coverage, an insurer may not use age, marital status, geographic area of residence, occupation, sex, sexual orientation, or any similar factor or combination of factors for the purpose of seeking to predict whether any individual may in the future develop AIDS or ARC.</p> <p>(c) No health or disability insurance policy or contract shall contain any exclusion, reduction, other limitation of coverage, deductibles, or coinsurance provisions related to the care and treatment of AIDS, ARC, HIV infection, or any illness or disease arising from these medical conditions, unless the provisions apply generally to all benefits under the policy or contract.</p> <p>(d) No life insurance policy or contract shall contain any exclusion, reduction, or other limitation of benefits related to AIDS, ARC, HIV infection, or any disease arising from these medical conditions, as a cause of death.</p>
§ 31-1606 [Formerly § 35-226]	<p><b>Informed consent requirements; restrictions on disclosure</b></p> <p>(a) No insurer shall request or require a proposed insured to take the testing protocol certified pursuant to § 31-1604 without first obtaining the signature of the proposed insured or the legal guardian of the named insured on a standard informed consent statement prepared and furnished by the Commissioner of Insurance and Securities.</p> <p>(b) An insurer shall provide information about the availability of counseling at public and private health facilities to each proposed insured who the insurer requests or requires to take the testing protocol.</p> <p>(c) Before any proposed insured or his or her legal guardian is requested to sign an informed consent statement, the insurer shall provide the proposed insured, or his or her legal guardian an explanation of the nature of AIDS, ARC, and the HIV infection, an explanation of the testing protocol, including its purpose, potential uses, limitations, and an updated percentage of false positives, and notice of the right of the proposed insured to appeal to the Commissioner of Insurance and Securities, an explanation of the meaning of test results, and a description of the disclosure restrictions established by</p>

DC Title 31 Code §	Code Language
	<p>this chapter.</p> <p>(d) Once an insurer has requested a signature on an informed consent statement pursuant to subsection (a) of this section, and has complied with subsections (b) and (c) of this section, the proposed insured or legal guardian of the proposed insured may wait 14 days before signing the informed consent statement.</p> <p>(1) An insurer shall not disclose the fact that a proposed insured was tested or the results of the test except to:</p> <p>(A) The proposed insured or the legal guardian of the proposed insured;</p> <p>(B) A court of competent jurisdiction, pursuant to a lawful court order; or</p> <p>(C) Any person named in a written authorization executed by the proposed insured or the legal guardian of the proposed insured.</p> <p>(2) An insurer that requires testing of a proposed insured shall maintain records and establish procedures in a manner that protects the privacy of the proposed insured and the confidentiality of the test results.</p> <p>(3) (A) The Commissioner of Insurance and Securities [Commissioner of the Department of Insurance, Securities, and Banking] may, by rule, require an insurer to report numerical data regarding test results to the Commissioner for the limited purpose of performing epidemiological studies. The name, address, or other information that reveals the identity of the individual tested shall not be reported to the Commissioner of Insurance and Securities [Commissioner of the Department of Insurance, Securities, and Banking].</p> <p>(B) An insurer shall report numerical data regarding test results to actuaries employed or consulted by the insurer for the limited purpose of performing actuarial studies related to the business of insurance. The name, address, or other information that reveals the identity of the individual tested shall not be reported to the actuaries.</p>
§ 31-2801	<p><b>Sec. 3a. Emergency department HIV screening.</b></p> <p>(a) For the purposes of this section, the term:</p> <p>(1) "Health benefit plan," "health insurer," and "insured" shall have the same meanings as provided in section 2 of the Diabetes Health Insurance Coverage Expansion Act of 2000, effective October 21, 2000 (D.C. Law 13-175; D.C. Official Code § 31-3001).</p> <p>(2) "HIV screening test" shall mean the testing for the human immunodeficiency virus or any other identified causative agent of the acquired immune deficiency syndrome by:</p> <p>(A) Conducting a rapid-result test by means of the swabbing of a patient's gums, finger-prick blood test, or other suitable rapid-result test; and</p> <p>(B) If the result is positive, conducting an additional blood test for submission to a laboratory to confirm the results of the rapid-result test.</p> <p>(b) A health benefit plan shall reimburse the cost of a voluntary HIV</p>

<b>DC Title 31 Code §</b>	<b>Code Language</b>
	<p>screening test performed on its insured while the insured is receiving emergency medical services, other than HIV screening, at a hospital emergency department, whether or not the HIV screening test is necessary for the treatment of the medical emergency which caused the insured to seek emergency services.</p> <p>(c) The benefits mandated by subsection (b) of this section shall:</p> <ol style="list-style-type: none"> <li>(1) Include at least one annual emergency department HIV screening test;</li> <li>(2) Reimburse the costs of administering such a test, all laboratory expenses to analyze the test, and the costs of communicating to the patient the results of the test and any applicable follow-up instructions for obtaining health care and supportive services; and</li> <li>(3) Not be subject to any annual or coinsurance deductible or any co-payment other than the co-payment that the insured would have to pay for the applicable hospital emergency department visit.</li> </ol> <p>(d) A representative of the emergency department of a hospital that provides emergency department HIV screening shall advise any patient between 13 and 64 years of age:</p> <ol style="list-style-type: none"> <li>(1) That unless a patient, or in the case of a minor, the patient's parent, legal guardian, or other person authorized to make health care decisions for the minor, chooses to withhold consent, an HIV screening test will be performed at the time he or she receives emergency medical treatment;</li> <li>(2) That, if the patient is covered by a health benefit plan issued by a health insurer, the cost of at least one annual emergency department HIV screening test is a covered benefit;</li> <li>(3) That the test results are confidential, except that a positive test result will be reported to the Department of Health for statistical and public health purposes; and</li> <li>(4) In the case of a positive test result, where the patient may obtain appropriate health care and supportive services.</li> </ol> <p>(e) A health insurer shall not:</p> <ol style="list-style-type: none"> <li>(1) Require an insured or applicant for insurance to pay a higher deductible, copayment, or coinsurance, require a longer waiting period, or impose any other condition for coverage of benefits solely because an insured or applicant for insurance used the benefits covered by this section;</li> <li>(2) Refuse to issue a health benefit plan solely because an applicant may use the benefits covered by this section; or</li> <li>(3) Cancel or refuse to renew a health benefit plan solely because an insured has used the benefits covered by this section.</li> </ol> <p>(f) The Mayor, pursuant to Title 1 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 et seq.), may issue rules to implement the provisions of this section."</p>

<b>Title 48: Food and Drugs</b>
---------------------------------

DC Title 48 Code §	Code Language
§ 48-1103.01 [Formerly § 33-603.1]	<p><b>Needle Exchange Program</b></p> <p>(a) The Mayor is authorized to establish within the Department of Human Services a Needle Exchange Program ("Program"), which may provide clean hypodermic needles and syringes to injecting drug users. Counseling on substance abuse addiction and information on appropriate referrals to drug treatment programs shall be made available to each person to whom a hypodermic needle and syringe is provided. Counseling and information on the Human Immunodeficiency Virus ("HIV") and appropriate referrals for HIV testing and services shall be made available to each person to whom a hypodermic needle and syringe is provided.</p> <p>(b) The Program authorized by subsection (a) of this section shall be administered by the Commission on Public Health in the Department of Human Services. Only qualified medical officers, registered nurses, counselors, community based organizations, or other qualified individuals specifically designated by the Commissioner of Public Health shall be authorized to exchange hypodermic needles and syringes under the provisions of subsections (c) through (i) of this section.</p> <p>(c) The Commissioner of Public Health shall provide all persons participating in the Program authorized by subsection (a) of this section with a written statement of the person's participation in the Program, signed by the Commissioner of Public Health, or the Commissioner's designee. No person participating in the Program shall be required to carry such a statement.</p> <p>(d) Notwithstanding the provisions of § 48-1103 or § 48-904.10, it shall not be unlawful for any person who is participating in the Program authorized by subsection (a) of this section to possess, or for any person authorized by subsection (b) of this section, to deliver any hypodermic syringe or needle distributed as part of the Program.</p> <p>(e) The District of Columbia, its officers, or employees shall not be liable for any injury or damage resulting from use of, or contact with, any needle exchanged as part of the Program authorized by subsection (a) of this section.</p> <p>(e-1) A community based organization or other qualified individuals designated by the Commissioner of Public Health under subsection (b) of this section shall not be liable for any injury or damage resulting from the use of, or contact with, any needle exchanged as part of the Program authorized by subsection (a) of this section, unless such injury or damage is a direct result of the gross negligence or intentional misconduct of such community based organization or other qualified individuals.</p> <p>(f) All needles and syringes distributed by the Commission of Public Health as part of the Program shall be made identifiable through the use of permanent markings, or color coding, or any other method determined by</p>

DC Title 48 Code §	Code Language
	<p>the Commissioner to be effective in identifying the needles and syringes.</p> <p>(g) The Mayor shall issue an annual evaluation report on the Program. The report shall address the following components:</p> <ul style="list-style-type: none"> <li>(1) Number of Program participants served daily;</li> <li>(2) Demographics of Program participants, including age, sex, ethnicity, address or neighborhood of residence, education, and occupation;</li> <li>(3) Impact of Program on behaviors which put the individual at risk for HIV transmission;</li> <li>(4) Number of materials distributed, including needles, bleach kits, alcohol swabs, and educational materials;</li> <li>(5) Impact of Program on incidence of HIV infection in the District. In determining this, the Mayor shall take into account the following factors: <ul style="list-style-type: none"> <li>(A) Annual HIV infection rates among injecting drug users entering drug treatment programs in the District;</li> <li>(B) Estimates of the HIV infection rate among injecting drug users in the District at the start of the Program year as compared to the rate at the end of the third Program year;</li> <li>(C) The annual number of HIV-positive mothers giving birth in the District;</li> <li>(D) Annual estimates of the HIV infection rate among newborns; and</li> </ul> </li> <li>(6) Costs of the Program versus direct and indirect costs of HIV infection and Acquired Immunodeficiency Syndrome ("AIDS") in the District.</li> </ul> <p>(h) Data on Program participants shall be obtained through interviews. The interviews shall be used to obtain the following information:</p> <ul style="list-style-type: none"> <li>(1) Reasons for participating in Program;</li> <li>(2) Drug use history, including type of drug used, frequency of use, method of ingestion, length of time drugs used, and frequency of needle sharing;</li> <li>(3) Sexual behavior and history, including the participant's self-described sexual identity, number of sexual partners in the past 30 days or 6 months, number of sexual partners who were also intravenous drug users, frequency of condom use, and number of times sex was used in exchange for money or drugs;</li> <li>(4) Health assessment, including whether the participant has been tested for HIV infection and whether the results were negative or positive; and</li> <li>(5) Impact of Program on the participant's behavior and attitudes, including any increase or decrease in drug use or needle sharing, changes in high-risk sexual behaviors, or willingness to follow through with drug treatments.</li> </ul> <p>(i) The Mayor shall explore the feasibility of establishing a system to test used needles and syringes received by the Commission of Public Health for HIV antibody contamination. The Mayor shall prepare a feasibility report on needle and syringe testing and shall submit this report to the Council for review no later than 120 days after June 30, 1992. If the report finds that needles and syringe testing would be beneficial and feasible to implement, such a system shall be incorporated into the Program.</p>

<b>D.C. Municipal Regulations – Title 22: Public Health and Medicine</b>
--

<b>DCMR</b>	<b>Code Language</b>
206.2	Physicians and others licensed to practice in the District under the District of Columbia Health Occupations Revision Act of 1985 (D.C. Code 2-3301.1 et seq.), in charge of an AIDS diagnosis, shall report the AIDS diagnosis to the Director within forty-eight (48) hours of diagnosis and furnish information the Director deems necessary to complete a confidential case report. Additionally, physicians and others licensed under the District of Columbia Health Occupations Revision Act of 1985 shall report an HIV positive test result to the Director or his or her designee. The physician or provider, laboratory, blood bank or other entity or facility that provides HIV testing shall report all cases of HIV infection to the Director or his or her designee.
206.3	The reports required by section 206.2 shall include the patient's name, address of residence, including city, state, and zip code, gender, race or ethnicity, mode of exposure, place or country of birth, date of birth, date of diagnosis of HIV or AIDS and opportunistic infections, the name and telephone number of the person making the report, and the name of the entity providing health or medical services.
206.6	The Department of Health shall ensure continued reasonable access to anonymous HIV testing through alternative testing sites in consultation with HIV planning groups and affected stakeholders, including representatives of persons living with HIV and HIV/AIDS service providers.
211.8	. . . . Whenever in the course of its operations, a blood bank determines that a specimen is positive for HIV, the physician or provider in charge of the blood bank shall report the positive test in writing to the Director or his/her designee within forty-eight (48) hours.