

/* The provisions of the Connecticut General Statutes Annotated regarding HIV follow. The statutes address education; insurance assistance; a housing program; testing, including testing minors; AZT payment; and real estate disclosures, as well as a needle exchange program. References are to the General Statutes of Connecticut. */

10-19

Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome. Training of personnel

(a) The knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine or tobacco and of drugs, as defined in subdivision (17) of section 21a-240, on health, character, citizenship and personality development shall be taught every academic year to pupils in all grades in the public schools; and, in teaching such subjects, textbooks and such other materials as are necessary shall be used. Not later than July 1, 1991, and annually thereafter, at such time and in such manner as the commissioner of education shall request, each local and regional board of education shall attest to the state board of education that all pupils enrolled in its schools have been taught such subjects pursuant to this subsection and in accordance with a planned, ongoing and systematic program of instruction. Institutions of higher education approved by the state board of education to train teachers shall give instruction on the subjects prescribed in this section and concerning the best methods of teaching the same. The state board of education and the board of governors of higher education in consultation with the commissioner of mental health and the state alcohol and drug abuse commission shall develop health education or other programs for elementary and secondary schools and for the training of teachers, administrators and guidance personnel with reference to understanding and avoiding the effects of nicotine or tobacco, alcohol and drugs.

(b) Commencing July 1, 1989, each local and regional board of education shall offer during the regular school day planned, ongoing and systematic instruction on acquired immune deficiency syndrome, as taught by legally qualified teachers. The content and scheduling of the instruction shall be within the discretion of the local or regional board of education. Not later than July 1, 1989, each local and regional board of education shall adopt a policy, as the board deems appropriate, concerning the exemption of pupils from such instruction upon written request of the

parent or guardian. The state board of education shall make materials available to assist local and regional boards of education in developing instruction pursuant to this subsection.

10a-132a, Endowed chair in infectious diseases

The board of governors of higher education shall establish at The University of Connecticut Health Center an endowed chair in infectious diseases in accordance with the provisions of subsections (a), (b), (d), (e) and (f) of section 10a-20a. The purpose of this endowed chair will be to support a senior faculty member in the school of medicine who will direct programs in teaching, research and patient care in the area of infectious diseases. This chair will provide support for an investigator or investigators who will coordinate research activities into the microbiologic, immunologic and clinical aspects of infectious diseases, including acquired immune deficiency syndrome, at The University of Connecticut Health Center and its affiliated institutions. The investigators will provide a link between ongoing basic science research in infectious diseases and the clinical application of the new knowledge that is being generated. This position will be a focal point for infectious disease research in Connecticut

17-12gg. Insurance assistance for people with AIDS

(a) There is established, in the department of income maintenance, a pilot program to provide insurance assistance for people with AIDS. Under the program the state shall pay insurance premiums for persons who, due to AIDS-related disease, are unable to continue working and thus may lose their health insurance. To qualify for assistance a person shall have an income less than two hundred per cent of the federal poverty level, shall have less than ten thousand dollars in cash assets and shall have health insurance which may be continued. Insurance premiums and medical expenses for which the applicant has no coverage, which are incurred in the month of application, shall be deducted from gross income for the purpose of determining income eligibility for the program. Eligibility shall be periodically redetermined and any uncovered medical expenses incurred in the month of redetermination shall be deducted from gross income in determining continued eligibility for the program. An applicant for assistance shall document that he is at risk of losing health insurance due to AIDS by submitting to the

department a physician's statement that the applicant is, or soon will be, too ill to continue working due to AIDS-related disease.

(b) The commissioner of income maintenance shall adopt regulations, in accordance with chapter 54,1 to implement the provisions of this section, which shall include the establishment of (1) higher income eligibility limits for applicants with dependents; (2) an application process for the program, including application forms; and (3) a procedure by which the insurance premiums of participants in the program shall be paid.

(c) Except as otherwise specified in this section, the insurance assistance for people with AIDS pilot program shall be operated in a manner consistent with the Medicaid program.

17-214m. Payment for AZT or similarly effective drug.
Regulations

The commissioner of income maintenance may administer a program providing payment for the cost of azidothymidine (AZT) or a similarly effective drug prescribed by a physician for a person diagnosed by a physician as having acquired immunodeficiency syndrome (AIDS), related complex (ARC) or human immunodeficiency virus (HIV infection). The commissioner may implement a pharmacy lock-in procedure for the program. The commissioner may adopt regulations, in accordance with the provisions of chapter 54,1 to carry out the purposes of this section .

17-600. Program of housing for persons suffering from AIDS.
Regulations. Bond issue

(a) The state, acting by and in the discretion of the commissioner of human resources, may enter into a contract with a nonprofit corporation, as defined in section 8-39, to provide financial assistance in the form of a state grant-in aid to such corporation for the purpose of providing housing for homeless persons suffering from acquired immune deficiency syndrome or AID related complex. Such financial assistance may be applied toward the cost C (1) Planning for the development of such housing; (2) acquiring property be used for such housing; and (3) repairing, rehabilitating or constructing such housing.

(b) The commissioner of human resources, in

consultation with the commissioner of health services, shall adopt regulations in accordance with the provisions of chapter 541 to carry out the purposes of this section.

(c) For the purposes described in subdivisions (2) and (3) of subsection of this section, the state bond commission shall have the power, from time to time, to authorize the issuance of bonds of the state in one or more series and in principal amounts not exceeding in the aggregate seven million one hundred thousand dollars.

(d) The proceeds of the sale of said bonds, to the extent of the amount stated in subsection (c) of this section shall be used by the commissioner of human resources for the purposes of subdivisions (2) and (3) of subsection (a) of this section.

(e) All provisions of section 3-20, or the exercise of any right or power granted thereby which are not inconsistent with the provisions of this section, are hereby adopted and shall apply to all bonds authorized by the state bond commission pursuant to said sections, and temporary notes in anticipation of the money to be derived from the sale of any such bonds so authorized may be issued in accordance with said section 3-20 and from time to time renewed. Such bonds shall mature at such time or times not exceeding twenty years from their respective dates as may be provided in or pursuant to the resolution or resolutions of the state bond commission authorizing such bonds. None of said bonds shall be authorized except upon a finding by the state bond commission that there has been filed with it a request for such authorization, which is signed by or on behalf of the secretary of the office of policy and management and states such terms and conditions as said commission, in its discretion, may require. Said bonds shall be general obligations of the state and the full faith and credit of the state of Connecticut are pledged for the payment of the principal of and interest on said bonds, as the same become due, and accordingly and as part of the contract of the state with the holders of said bonds, appropriation of all amounts necessary for punctual payment of such principal and interest is hereby made, and the treasurer shall pay such principal and interest as the same become due.

19a-121. AIDS. Grant program

(a) The department of health services shall establish a grant program to provide funds to private agencies which provide services to persons suffering from acquired immune deficiency

syndrome ("AID ")and the families of such persons. The grants shall be used for services including, but not limited to, education, counseling and prevention.

(b) Any agency which receives funds from the department to provide tests for AIDS shall give priority to persons in high risk categories and shall establish a fee schedule based upon a person's ability to pay for such test.

19a-121a, AIDS. Funding to local health departments

The department of health services shall provide funds to local health departments for the purpose of providing innovative educational and preventative programs on AIDS.

19a-121b. Regulations

The commissioner of health services shall adopt regulations in accordance with the provisions of CT-541 to implement the provisions of sections 19a-121 and 19a-121c.

19a-121c. AIDS. Public information program

The department of health services shall establish a public information program for the -distribution of materials, including but not limited to, pamphlets, films and public service announcements on AIDS.

19a-121d Grants For mass mailing of report on AIDS

The state, acting by and in the discretion of the commissioner of health services, shall provide reimbursement in the form of a grant-in-aid to municipalities for expenses incurred by such municipalities in connection with a onetime mass bulk-rate mailing of the United States Surgeon General's report on acquired immune deficiency syndrome to all of its residents Any grant-in-aid provided under this section shall be in an amount equal to one hundred per cent of the expenses of such mass mailing, which expenses shall include the costs of acquiring sufficient copies of such report, postage at bulk mailing rates, mailing lists, and supplies necessary for such mailing as the commissioner deems

reasonable. The chief executive officer of any municipality which has conducted such -mass mailing may submit a request in writing to the commissioner for a grant-in-aid to be provided to such -municipality under this section. Such request shall be accompanied by -certified copies of an receipts, invoices and other documentation establishing the amount of reimbursable expenses incurred in connection with such mass mailing.

19a-121e. AIDS. Task force

There is established a task force to work with the department of health services in the planning of programs for persons suffering from AIDS and their families. The task force shall be comprised of the following members: A local health director and a representative from an AIDS advocacy organization, a person from a list of persons provided by the executive director of the Connecticut alcohol and drug abuse commission, all to be appointed by the governor, a health care provider to be appointed by the president pro temp of the senate, a person who is human immunodeficiency virus sero positive to be appointed by the speaker of the house of representatives, a licensed nurse to be appointed by the minority leader of the senate, a physician who treats victims of AIDS to be appointed by the majority leader of the senate, an educator to be appointed by the majority leader of the house of representatives, a second local health director to be appointed by the minority leader of the house of representatives and any other persons deemed appropriate by the commissioner of health services. The task force shall act as an advisory hoard to the commissioner of health services for the duration of his term or for four years, whichever is later. The task force shall prepare an annual report of its findings and recommendations, in conjunction with the department of health services, and deliver such report to the joint standing committee of the general assembly having cognizance of matters relating to public health on or before January 1, 1988, and annually thereafter.

19a-121f. Grants for programs established for the study or treatment of AIDS

(a) Any municipality, hospital, public or independent college or university or individual may apply to the commissioner of health services for a grant-in-aid for a program established for the study or treatment of acquired immune deficiency syndrome. Such

grant shall be used (1) to conduct a study of (A) the effectiveness of procedures available for the prevention of AIDS, (B) testing procedures for the detection of the human immunodeficiency virus, (C) the means by which the transmission of AIDS from person to person can be effectively prevented, or (I) how the disease progresses in the victim, (2) for purposes of providing counseling or psychiatric assistance for persons infected by the human immunodeficiency virus and their families, and (3) the future state resources which will be necessary to address the AIDS epidemic in Connecticut Any request for such grant shall be submitted in writing to the commissioner, in the form and manner prescribed by the commissioner.

(b) The commissioner of health services shall adopt regulations, and may adopt emergency regulations, in accordance with the provisions of chapter 54,1 which establish all necessary guidelines and procedures for the administration of such grant program.

19a-122b. Hospice care for the homeless

Notwithstanding the provisions of chapters 368c and 368v, an organization licensed as a hospice pursuant to the public health code or certified as a hospice pursuant to 42 U.S.C. Section i395x, shall be authorized, until October 1, 1995, to operate on a pilot basis a residence for terminally ill persons, for the purpose of providing hospice home care arrangements including, but not limited to, hospice home care services and supplemental services. Such arrangements shall be provided to those patients who would otherwise receive such care from family members. The residence shall provide a homelike atmosphere sphere for such patients for a time period deemed appropriate for home health care services under like circumstances. Any hospice which operates a residence pursuant to the provisions of this section shall cooperate with the commissioner of health services to develop standards for the licenser and operation of such homes.

19a-124. Needle and syringe exchange programs

(a) The department of health services shall establish needle and syringe exchange programs in the health departments of the free cities having the highest total number of cases of acquired immunodeficiency syndrome among intravenous drug users as of December 31, 1991. The department shall establish with the

assistance of the health provisions of subsection (b) of this section. The department and the city health department of the cities selected for the programs, protocols in accordance with the shall evaluate the effectiveness of the programs based on the criteria specified by the department of health services. The department may authorize up to three similar programs in other areas of the state, as determined by the commissioner.

(b) The programs shall (1) be incorporated into existing acquired immunodeficiency syndrome prevention and outreach projects in the selected cities, (2) provide for free and anonymous exchanges of needles and syringes and provide that program participants receive an equal number of needles and syringes for those returned, up to a cap of five syringes per exchange, (3) offer education on the transmission of the human immunodeficiency virus and prevention measures and assist program participants in obtaining drug treatment services and (4) for the first year of operation of the program, require all needles and syringes to be marked and checked for return rates.

(c) The commissioner shall require programs to include an evaluation component during the first year of operation, to monitor (1) return rates of needles and syringes distributed,

(2) behavioral change of program participants, such as needle sharing and the use of condoms, (3) program participation rates and the number of participants who are motivated to enter treatment as a result of the program and the status of their treatment and (4) the incidence of intravenous drug use to see if there is a change as a result of the program. The department shall establish evaluation and monitoring requirements to be applied to subsequent years of the programs.

(d) The health department of each city selected for a needle and syringe exchange program or the person conducting the program shall submit a report evaluating the effectiveness of the program to the department of health services. The department shall compile all information received on the programs and report to the joint standing committees of the general assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies.

19a-125. Adolescent Health Council

There is established a statewide adolescent health council. The council shall consist of the following members: The

commissioners of health services, children and youth services, education, higher education and human resources or their designees; the director of the Connecticut alcohol and drug abuse commission or his designee; a representative of the commission on children; a representative of the permanent commissioner on the status of women; a representative of a school-based health center and a media specialist to be appointed by the governor; a representative of the United Way of Connecticut and the Teen Pregnancy Prevention Coalition of Connecticut to be appointed by the president pro tempore of the Senate; a representative of the Mental Health Association and the Connecticut Chapter' of the American Academy of Pediatrics to be appointed by the majority leader of the senate; a representative of the regional action councils established pursuant to section 17a663 and the Connecticut Chapter of the National Association of Social Workers to be appointed by the minority leader of the senate; a representative of the Connecticut Association of Human Services and the Connecticut Conference of Municipalities to be appointed by the speaker of the house of representatives; a representative of the Connecticut Association of Family Practitioners and the Connecticut Sexual Assault Crisis Center to be appointed by the majority leader of the house of representatives; and a representative of the Connecticut Youth Service Association and the Connecticut Primary Care Association to be appointed by the minority leader of the house of representatives. The chairperson as the vice chairperson of the council shall be elected by the full membership of the council from among its membership. The council shall meet at regular intervals as determined by the chairperson. The members of the council shall serve without compensation. The council shall consult with and advise the commissioner of health services and the con-commissioner of human resources concerning the coordination of service delivery to and health needs of teens. The council shall examine issues, including but not limited to, contributing factors of high risk behaviors, how multiple problems interrelate and strategies for prevention. The council shall make recommendations on facilitating federal, state and community action to address teen pregnancy, mental health, violence, substance abuse, sexually transmitted diseases, acquired immune deficiency syndrome and such other areas as the council determines are relevant to adolescent health needs. The council shall submit a report to the joint standing committees of the general assembly living cognizance of matters relating to public health, human services and education, in accordance with the provisions of section 114a on or before January 31, 1994.

Section

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19a-581. Definitions

As used in this chapter except where the context otherwise requires:

- (1) "Department" means the department of health services;
- (2) "Commissioner" means the commissioner of health services;

(8) "AIDS" means acquired immune deficiency syndrome, as defined by the Centers for Disease Control of the United States Public Health Service;

(4) "HIV infection" means infection with the human immunodeficiency virus or any other related virus identified as a probable causative agent of AIDS;

(5) "HIV-related illness" means any illness that may result from or may be associated with HIV infection;

(6) "HIV-related test" means any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or indicate the presence of HIV infection;

(7) "Protected individual" means a person who has been counseled regarding HIV infection, is the subject of an HIV-related test or who has been diagnosed as having HIV infection, AIDS or HIV-related illness;

(8) "Confidential HIV-related information" means any information pertaining to the protected individual or obtained pursuant to a release of confidential HIV-related information, concerning whether a person has been counseled regarding HIV infection, has been the subject of an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or information which identifies or reasonably could identify a person as having one or more of such conditions, including information pertaining to such individual's partners;

(9) "Release of confidential HIV-related information" means a written authorization for disclosure of confidential HIV-related information which is signed by the protected individual or a person authorized to consent to health care for the individual and which is dated and specifies to whom disclosure is authorized, the purpose for such disclosure and the time period during which the release is to be effective. A general authorization for the release of medical or other information is not a release of confidential HIV-related information, unless such authorization specifically indicates its dual purpose as a general authorization and an authorization for the release of confidential HIV-related information and complies with the requirements of this subdivision;

(10) "Partner" means an identified spouse or sex partner of the protected individual or a person identified as having shared hypodermic needles or syringes with the protected individual;

(11) "Health facility" means an institution, as defined in section 19a490, blood bank, blood center, sperm bank, organ or tissue bank, clinical laboratory or facility providing care or treatment to the mentally ill or persons with mental retardation or a facility for the treatment of substance abuse;

(12) "Health care provider" means any physician, dentist, nurse, provider of services for the mentally ill or persons with mental retardation, or other person involved in providing medical, nursing, counseling, or other health care, substance abuse or mental health service, including such services associated with, or under contract to, a health maintenance organization or medical services plan;

(13) "Significant risk of transmission" means sexual activity that involves the transfer of one person's semen, vaginal or cervical secretions to another person or sharing of needles during intravenous drug use. The department may further define significant risk of transmission in regulations adopted pursuant to section 19a-589;

(14) "Significant exposure" means a parenteral exposure such as a needlestick or cut, or mucous membrane exposure such as a splash to the eye or mouth, to blood or a cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis. The department may further define significant exposure in regulations adopted pursuant to section 19a-589;

(15) "Exposure evaluation group" means at least three impartial health care providers, at least one of whom shall be a physician, designated by the chief administrator of a health facility, correctional facility or other institution to determine if a health care or other worker has been involved in a significant exposure. No member of the group shall be directly involved in the exposure. The department may further define exposure evaluation group in regulations adopted pursuant to section 19a-589.

19-582. Informed consent for testing. Exceptions

(a) Except as required pursuant to section 19a-556 or by federal or state law, no person shall order the performance of an HIV-related test without first receiving written informed consent or oral informed consent which has been documented in the medical

record, of the subject of the test or of a person authorized to consent to health care for such individual. The consent of a parent or guardian shall not be a prerequisite to testing of a minor. The laboratory shall report the test result to the person who orders the performance of the test. Whenever practicable written consent shall be obtained. A person ordering the performance of an HIV-related test shall certify that informed consent has been received prior to ordering testing by a licensed laboratory. No laboratory shall perform an HIV-related test without a written certification that such consent has been obtained, or without written certification that testing without consent is being ordered pursuant to one of the exceptions in subsection (e) of this section. The department of health services shall develop recommended forms for health care providers for purposes of this section. Such forms shall satisfy the requirement for a written consent form but shall not fully satisfy the requirement for the explanation pursuant to subsections (b) and (c) of this section. Any form used pursuant to this section and all information conveyed pursuant to subsections (c) and (d) of this section shall be written or conveyed in a clear and coherent manner using plain language as described in section 42.

152. A person ordering the performance of an HIV-related test shall not be held liable if a good faith effort is made to convey the explanation required pursuant to subsections (b), (c) and (d) of this section. The department shall develop guidelines for meeting the requirements of subsections (b), (c) and (d) of this section.

(b) Informed consent to an HIV-related test shall include a statement provided to the subject of the test or provided to a person authorized to consent to health care for the subject which includes at least the following:

(1) An explanation of the test, including its purpose, the meaning of its results, and the benefits of early diagnosis and medical intervention; (2) acknowledgment that consent to an HIV test is not a precondition to receiving health care but that refusal to consent may, in some circumstances, affect the provider's ability to diagnose and treat the illness; (3) an explanation of the procedures to be followed, including that the test is voluntary, and a statement advising the subject on the availability of anonymous testing; and (4) an explanation of the confidentiality protections afforded confidential

HIV-related information including the circumstances under which and classes of persons to whom disclosure of such information may be required, authorized or permitted by law. Such explanation shall specifically acknowledge that known partners of the protected individual may be warned of their potential risk of infection without identifying the protected individual and that the law permits the recording of HIV and AIDS-related information in medical charts and records. Informed consent shall be obtained without undue inducement or any element of compulsion, fraud, deceit, duress or other form of constraint or coercion.

(c) Prior to obtaining informed consent, a person ordering the performance of an HIV-related test shall provide the subject of an HIV-related test, or to a person authorized to consent to health care for the subject, an explanation of the nature of AIDS and HIV-related illness and information about behaviors known to pose risks for transmission of HIV infection.

(d) At the time of communicating the test result to the subject of the test, a person ordering the performance of an HIV-related test shall provide the subject of the test or the person authorized to consent to health care for the subject with counseling or referrals for counseling: (1) For coping with the emotional consequences of learning the result; (2) regarding the discrimination problems that disclosure of the result could cause; (3) for behavior change to prevent transmission or contraction of HIV infection; (4) to inform such person of available medical treatments; (5) to work towards the goal of involving a minor's parents or legal guardian in the decision to seek and in the ongoing provision of medical treatment; (6) regarding the need of the test subject to notify his partners and, as appropriate, provide assistance or referrals for assistance in notifying partners; except that if the subject of the test is a minor who was tested without the consent of his parents or guardian, such counseling shall be provided to such minor at the time of communicating such test result to such minor. A health care provider or health facility shall not withhold test results from the protected individual. The protected individual may refuse to receive his test result but the person ordering the performance of the test shall encourage

him to receive the result and to adopt behavior changes that will allow him to protect himself and others from infection. -

(e) The provisions of this section shall not apply to the performance of an HIV-related test:

(1) By licensed medical personnel when the subject is unable to grant or withhold consent and no other person is available who is authorized to consent to health care for the individual and the test results are needed for diagnostic purposes to provide appropriate urgent care, except that in such cases the counseling, referrals and notification of test results described in subsection (d) of this section shall be provided as soon as practical;

(2) By a health care provider or health facility in relation to the procuring, processing, distributing or use of a human body or a human body part, including organs, tissues, eyes, bones, arteries, blood, semen, or other body fluids, for use in medical research or therapy, or for transplantation to individuals, provided if the test results are communicated to the subject, the counseling, referrals and notification of test results described in subsection (d) of this section shall be provided;

(3) For the purpose of research if the testing is performed in a manner by which the identity of the test subject is not known and is unable to be retrieved by the researcher;

(4) On a deceased person when such test is conducted to determine the cause or circumstances of death or for epidemiological purposes;

(5) In cases where a health care provider or other person in the course of his occupational duties has had a significant exposure, provided the following criteria are met (A) The worker is able to document significant exposure during performance of his occupation, (B) the worker completes an incident report within forty-eight hours of exposure identifying the parties to the exposure, witnesses, time, place and nature of the event, (C) the worker submits to a baseline HIV test within seventy-two hours of the exposure and is negative on that test, (D) the patient's or person's physician has approached the patient or person and sought voluntary consent and the patient or person has refused to consent to testing, except in an exposure where the patient or

person is deceased, (E) an exposure evaluation group determines that the criteria specified in subparagraphs (A), (B), (C), and (D) of this subdivision are met and that the worker has a significant exposure to the blood of a patient or person and the patient or person, or the patient's or person's legal guardian, refuses to grant informed consent for an HIV test. If the patient or person is under the care or custody of the health facility, correctional facility or other institution and a sample of the patient's blood is available, said blood shall be tested. If no sample of blood is available, and the patient is under the care or custody of a health facility, correctional facility or other institution, the patient shall have a blood sample drawn at the health facility, correctional facility or other institution and tested. No member of the exposure evaluation group who determines that a worker has sustained a significant exposure and authorized the HIV testing of a patient or other person, nor the health facility, correctional facility or other institution, nor any person in a health facility or other institution who relies in good faith on the group's determination and performs that test shall have any liability as a result of his action carried out pursuant to this section, unless such person acted in bad faith. If the patient or person is not under the care or custody of a health facility, correctional facility or other institution and a physician not directly involved in the exposure certifies in writing that the criteria specified in subparagraphs (A), (B), (C), (D) and (E) of this subdivision are met and that a significant exposure has occurred, the worker may seek a court order for testing pursuant to subdivision (8) of this subsection, (F) the worker would be able to take meaningful immediate action, if results are known, which could not otherwise be taken, as defined in regulations adopted pursuant to section 19a 9, (G) the fact that an HIV test was given as a result of an accidental exposure and the results of that test shall not appear in a patient's or person's medical or any other record held by an institution unless such test result is relevant to the medical care the person is receiving at that time in a health facility or correctional facility, (H) the counseling described in subsection (d) of this section shall be provided but the patient or person may choose not to be informed about the result of the test, and (I) the cost of the HIV test shall be borne by the employer of the potentially exposed worker;

(6) In facilities operated by the department of correction if the facility physician determines that testing is needed for diagnostic purposes, to determine the need for treatment or medical care specific to an HIV-related illness, including prophylactic treatment of HIV infection to prevent further

progression of disease, provided no reasonable alternative exists that will achieve the same goal;

(7) In facilities operated by the department of correction if the facility physician and chief administrator of the facility determine that the behavior of the inmate poses a significant risk of transmission to another inmate or has resulted in a significant exposure of another inmate of the facility and no reasonable alternative exists that will achieve the same goal. No involuntary testing shall take place pursuant to subdivisions (6) and (7) of this subsection until reasonable effort has been made to secure informed consent. When testing without consent takes place pursuant to subdivisions (6) and (7) of this subsection, the counseling referrals and notification of test results described in subsection (d) of this section shall, nonetheless be provided;

(8) Under a court order which is issued in compliance with the following provisions: (A) No court of this state shall issue such order unless the court finds a clear and imminent danger to the public health or the health of a person and that the person has demonstrated a compelling need for the HIV-related test result which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for a test result against the privacy interests of the test subject with the public interest which may be disserved by involuntary testing, (B) pleadings pertaining to the request for an involuntary test shall substitute a pseudonym for the true name of the subject to be tested. The disclosure to the parties of the subject's true name shall be communicated confidentially, in documents not filed with the court, (C) before granting any such order, the court shall provide the individual on whom a test result is being sought with notice and a reasonable opportunity to participate in the proceeding if he is not already a party, (D) court proceedings as to involuntary testing shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice; or

(9) When the test is conducted by any life or health insurer or health care center for purposes of assessing a person's fitness for insurance coverage offered by such insurer or health care center.

(f) Except as provided in subsection (e) of this section, informed consent as described in this section shall be obtained for each HIV test, or in the case where a sequence of tests is required to confirm an initial positive result, for each sequence of tests.

19a-583. Limitations on disclosure of HIV-related information

(a) No person who obtains confidential HIV-related information may disclose or be compelled to disclose such information, except to the following:

(1) The protected individual or his legal guardian;

(2) Any person who secures a release of confidential HIV-related information;

(3) A federal, state or local health officer when such disclosure is mandated or authorized by federal or state law;

(4) A health care provider or health facility when knowledge of the HIV-related information is necessary to provide appropriate care or treatment to the protected individual or a child of the individual and when confidential HIV-related information is already recorded in a medical chart or record and a health care provider has access to such record for the purpose of providing medical care to the protected individual;

(5) A medical examiner to assist in determining the cause or circumstances of death;

(6) Health facility staff committees or accreditation or oversight -review organizations which are conducting program monitoring, program evaluation or service reviews;

(7) A health care provider or other person in cases where such provider or person in the course of his occupational duties has had a significant exposure to HIV infection, provided the following criteria are met (A) The worker is able to document significant exposure during performance of his occupation, (B) the worker completes an incident report within forty eight hours of exposure, identifying the parties to the exposure, witnesses,

the place and nature of the event; (C) the worker submits to a baseline HIV test within seventy-two hours of the exposure and is negative on that test for the presence of the AIDS virus, (D) the patient's or person's physician has approached the patient or person and sought voluntary consent to disclosure and the patient or person refuses to consent to disclosure, except in an exposure where the patient or person is deceased, (E) the worker would be able to take meaningful immediate action as defined in regulations adopted pursuant to section 19a-589, which could not otherwise be taken, (F) an exposure evaluation group determines that the criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this subdivision are met and that a worker has a significant exposure to the blood of a patient or person and the patient or person or the patient's or person's legal guardian refuses to consent to release of the information. No member of the exposure evaluation group who determines that a worker has sustained a significant exposure and authorizes the disclosure of confidential HIV-related information nor the health facility, correctional facility or other institution nor any person in a health facility, correctional facility or other institution who relies in good faith on the group's determination and discloses the result shall have any liability as a result of his action carried out under this section, unless such persons acted in bad faith. If the information is not held by a health facility, correctional facility or other institution, a physician not directly involved in the exposure has certified in writing that the criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this subdivision are met and that a significant exposure has occurred;

(8) Employees of hospitals for mental illness operated by the department of mental health if the infection control committee of the hospital determines that the behavior of the patient poses a significant risk of transmission to another patient of the hospital. Disclosure shall only be allowed if it is likely to prevent or reduce the risk of transmission and no reasonable alternatives exist that will achieve the same goal and also preserve the confidentiality of the information. Such "reasonable alternatives" include counseling the patient concerning behaviors that pose a risk of transmission and other efforts to prevent or address the behaviors that pose a significant risk of transmission without disclosing the patient's HIV status or other confidential HIV-related information. Disclosure shall be limited to as few employees as possible and only to those employees with a direct need to receive the information to achieve the purpose authorized by this subdivision;

(9) Employees of facilities operated by the department of correction to provide services related to HIV infection or if the medical director and chief administrator of the facility determine that the behavior of an inmate poses significant risk of transmission to another inmate or has resulted in a significant exposure of another inmate of the facility. Such a disclosure shall only be made if it is specifically required to enable the inmate to receive such services or is likely to prevent or reduce the risk of transmission and no reasonable alternatives exist that will achieve the same goal and also preserve the confidentiality of the information. Such "reasonable alternatives" include counseling the inmate concerning behaviors that pose a risk of transmission or other efforts to prevent or address the behaviors that pose a significant risk of transmission without disclosing the patient's HIV status or other confidential HIV-related information. Disclosure shall be limited to as few employees as possible and only to those employees with a direct need to receive the information to achieve a purpose authorized by this subdivision;

(10) Any person allowed access to such information by a court order which is issued in compliance with the following provisions: (A) No court of this state shall issue such order unless the court finds a clear and imminent danger to the public health or the health of a person and that the person has demonstrated a compelling need for the test results which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for disclosure against the privacy interest of the test subject and the public interest which may be disserved by disclosure which deters future testing or which may lead to discrimination, (B) pleadings pertaining to disclosure of confidential HIV-related information shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be enunciated confidentially, in documents not filed with the court. (C) before granting any such order, the court shall provide the individual whose test result is in question with a reasonable opportunity to participate in the proceedings if he is not already a party, (D) court proceedings as to disclosure of confidential HIV-related information shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice, (E) upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may have access to the

information, the purposes for which the information shall be used, and appropriate prohibitions on future disclosure;

(11) Life and health insurers, government payers and health care centers and their affiliates, reinsurers, and contractors, except agents and brokers, in connection with underwriting and claim activity for life, health, and disability benefits; and

(12) Any health care provider specifically designated by the protected individual to receive such information received by a life or health insurer or health care center pursuant to an application for life, health or disability insurance.

(b) No person, except the protected individual or his legal guardian, to whom confidential HIV-related information is disclosed may further disclose such information, except as provided in this section and sections 19a-584 and 19a-585.

Disclosure of HIV-related information by public health officers and physicians to partners of the protected individual

(a) A public health officer may inform or warn partners of an individual that they may have been exposed to the HIV virus under the following conditions: (1) The public health officer reasonably believes there is a significant risk of transmission to the partner; (2) the public health officer has counseled the protected individual regarding the need to notify the partner and the public health officer reasonably believes the protected individual will not inform the partner; (3) the public health officer has informed the protected individual of his intent to make such disclosure. The public health officer may also warn or inform a partner at the request of a protected individual. When making such disclosure to the partner the public health officer shall provide or make referrals for the provision of the appropriate medical advice and counseling for coping with the emotional consequences of learning the information and for changing behavior to prevent transmission or contraction of HIV infection. The public health

officer shall not disclose the identity of the protected individual or the identity of any other partner. The public health officer, making a notification, shall make such disclosure in person, except where circumstances reasonably prevent doing so. The public health officer shall make a good faith effort to notify the partner of the risk of HIV infection. The public health officer shall have no obligation to warn or inform, identify or locate any partner.

- (b) A physician may disclose, confidential HIV-related information to a known partner of a protected individual if both the partner and the protected individual are under the physician's care or to a public health officer for the purpose of informing or warning partners of the protected individual that they may have been exposed to the HIV virus, under the following conditions: (1) The physician reasonably believes there is a significant risk of transmission to the partner; (2) the physician has counseled the protected individual regarding the need to notify the partner and the physician reasonably believes the protected individual will not inform the partner; (3) the physician has informed the protected individual of his intent to make such disclosure to the partner or public health officer. The physician may also warn or inform a partner at the request of a protected individual. When making such disclosure to the partner the physician shall provide or make referrals for the provision of the appropriate medical advice and counseling for coping with the emotional consequences of learning the information and for changing behavior to prevent transmission or contraction of HIV infection. The physician or public health

officer shall not disclose the identity of the protected individual or the identity of any other partner. The public health officer or physician making a notification shall make such disclosure in person, except where circumstances reasonably prevent doing so. Upon receiving such a request for assistance, the public health officer shall make a good faith effort to notify said partner of the risk of HIV infection. The physician or public health officer shall have no obligation to warn or inform, identify or locate any partner. The physician shall have no obligation to disclose information to a public health officer for the purpose of warning or informing a partner.

(c) For purposes of this section, "public health officer" means an employee of the department of health services designated by the commissioner or if authorized by the commissioner, a local health director, or his designee.

19-585. Requirements for disclosure of HIV-related Information

(a) Whenever confidential HIV-related information is disclosed it shall be accompanied by a statement in writing, whenever possible, which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure shall be accompanied or followed by such a notice within ten days.

(b) Except for disclosures made to a federal, state, or local health officer when such disclosure is mandated or authorized by federal or state law or to persons reviewing information or records in the ordinary course of ensuring that a health facility

is in compliance with applicable quality of care standards or any other authorized program evaluation, program monitoring or service review, a notation of all such disclosures shall be placed in the medical record or with any record of an HIV-related test result of a protected individual, who shall be informed of such disclosures upon request: provided for disclosures made to governmental agents requiring information necessary for payments to be made on behalf of patients or clients pursuant to contract or law, such notation need only be entered at the time the disclosure'. first made.

(c) Nothing in this section shall limit a person's or agency's responsibility to report, investigate or disclose child protective services information pursuant to section 17a-101 and regulations adopted pursuant to said section.

(d) The provisions of subsections (a) and (b) of this section shall not be applicable to disclosures made pursuant to Subdivision (11) of subsection (a) of section 19a.

(e) Nothing in this act shall prohibit the recording of HIV and AIDS-related information in the medical chart or medical records of a protected individual or the listing of AIDS, HIV-related illness or HIV infection in a certificate of death or autopsy report This chapter shall not be construed to modify regulations relating to access to death certificates or autopsy reports. This chapter shall not be construed to modify the provisions of section 19a-25 or 191-221.

19a-586. Testing for Insurance purposes

(a) Any insurer that requests an applicant for insurance coverage to take an HIV-related test shall obtain the applicant's written informed consent for such test prior to conducting it.

(b) The insurance commissioner shall adopt regulations, in consultation with the commissioner of health services and in accordance with the provisions of chapter 54, which establish all necessary requirements for the provision of informed consent pursuant to the provisions of subsection (a) of this section. Such regulations shall include, but not be limited to, requirements regarding (1) sufficient notice at the time of application that the insured will be tested for HIV infection and (2) an explanation of AIDS and HIV infection.

19a-487. Disclosure by insurers

Nothing in this chapter shall prohibit the disclosure by a life or health insurer or health care center of a positive HIV-related test result to an organization that assembles or collects information about insurance applicants for the purposes of detecting fraud, misrepresentation, or nondisclosure in connection with insurance underwriting, provided such result is provided as a nonspecific blood test result, within a general code category, which code is not designated solely for HIV-related test results and provided the majority of results included in the general code are not HIV-related and the code does not otherwise allow members of the organization to reasonably identify an applicant's test result as an HIV-related test.

19a-488. Notification of procedures to certain municipal employees

Each town shall notify its police, fire and emergency medical services personnel of the procedures under subdivision (5) of subsection (e) of section 19a-582 and subdivision (7) of subsection (a) of section 19a-583 pertaining to workers who have experienced a significant exposure.

19a-489. Regulations

The commissioner shall adopt such regulations, as he deems necessary, in accordance with the provisions of chapter 54,1 to implement the provisions of sections 19a-581 to 19a-585, inclusive.

19a-490. Liability for violations

Any person, except as otherwise provided in this chapter, who wilfully violates any provision of this chapter shall be liable in a private cause of action for injuries suffered as a result of such violation. Upon a finding that an individual has been injured as a result of such violation, damages shall be assessed in the amount sufficient to compensate said individual for such injury.

19a-491. Definitions

As used in sections 19a-591 to 19a-591c, inclusive:

(1) "AIDS vaccine" means a vaccine which has been developed by a manufacturer, is being tested and administered at a research institution for purposes of determining whether it provides immunity to acquired immune deficiency syndrome or is of therapeutic benefit to persons or fetuses infected with the acquired immune deficiency syndrome virus, and for which an investigational new drug application is on file with the federal Food and Drug Administration and is in effect

(2) "Manufacturer" means any person who is domiciled or has his principal place of business in this state and has developed an AIDS vaccine.

(3) "Research institution" means a hospital which is accredited by the Joint Commission on the Accreditation of Health Organizations, or a recognized medical school which operates, or is affiliated with, or is operated by an accredited hospital.

(4) "Research subject" means a person who is administered an AIDS vaccine, or a fetus of a person administered an AIDS vaccine, or a child born to a person administered an AIDS vaccine.

(5) "Researcher" means a person employed by or affiliated with a manufacturer or a research institution, who participates in the development or testing or administration of an AIDS vaccine, or who is involved in the diagnosis and treatment of a research subject

19a-591a, Administration of AIDS vaccine

A manufacturer, research institution or researcher shall, prior to the administration of an AIDS vaccine to a person, provide a written explanation of the immunity provisions of section 19a-591b to such person and obtain such person's informed consent. A parent or legal guardian of a child may give informed consent for such child. A copy of the informed consent shall be maintained with such person's medical records.

19a-591b. Immunity from liability for civil damages for

personal injury to research subject. Exceptions

A manufacturer, research institution or researcher shall not be liable to a research subject for civil damages for personal injury resulting from the administration of any AIDS vaccine to such research subject, unless such injury was caused by the gross negligence or reckless, willful or wanton misconduct of such manufacturer, research institution or researcher or such manufacturer, research institution or researcher has failed to comply with the provisions of section 19a-591a. The immunity provided by this section shall not apply to a manufacturer, research institution or researcher who intentionally provided false information in connection with an investigational new drug application.

19a--591c. Research subjects

No person shall be denied the opportunity to be a research subject because of the inability to pay for medical treatment

19a-592. Testing and treatment of minor for HIV or AIDS. Confidentiality. Liability for costs

(a) Any licensed physician may examine and provide treatment for human immunodeficiency virus infection, or acquired immune deficiency syndrome for a minor, only with the consent of the parents or guardian of the minor unless the physician determines that notification of the parents or guardian of the minor will result in treatment being denied or the physician determines the minor will not seek, pursue or continue treatment if the parents or guardian are notified and the minor requests that his parents or guardian not be notified. The physician shall fully document the reasons for the determination to provide treatment without the consent or notification of the parents or guardian of the minor and shall include such documentation, signed by the minor, in the minor's clinical record. The fact of consultation, examination and treatment of a minor under the provisions of this section shall be confidential and shall not be divulged without the minor's consent, including the sending of a bill for the services to any person other than the minor until the physician consults with the minor regarding the sending of a bill.

(b) A minor shall be personally liable for all costs and expenses for services afforded him at his request

under this section.

20a-329cc. "Psychologically impacted" defined

As used in sections 20a-329cc to 20-429ff, inclusive, "psychologically impacted" means the effect of certain circumstances surrounding real estate which includes, but is not limited to: (1) The fact that an occupant of real property is, or was at any time suspected to be, infected or has been infected with the human immunodeficiency syndrome, as defined in section 19a-581; or (2) the fact that the property was at any time suspected to have been the site of a homicide, other felony or a suicide.

20a-329dd. Psychological impact No disclosure required. No cause of action

(a) The existence of any fact or circumstance which may have a psychological impact on the purchaser or lessee is not a material fact that must be disclosed in a real estate transaction.

(b) No cause of action shall arise against an owner of real estate or his or her agent for the failure to disclose to the transferee that the transferred property was psychologically impacted, as defined in section 20a-429cc.