

**Frequently Asked Questions Regarding Public Act 514  
March 2005**

Q1: What is Public Act (PA) 514?

A1: PA 514 is a revision of Michigan's HIV reporting law that removes the exemption of clinical laboratories from reporting HIV-related laboratory test results to the state or local health departments. This law goes into effect April 1, 2005.

Q2: What effect will Public Act 514 have on health care providers and HIV/AIDS counseling, testing and referral sites (CTRs) in Michigan?

A2: This new law does not change the requirement, which has been in place in Michigan since 1989, that health care providers and CTRs report HIV infected patients to the local or state health department. Clinicians and CTRs will still need to complete case report forms (CRFs). By effectively adding the clinical laboratories to the list of reporting sources, this new law will allow state and local health departments to initiate reporting and follow up sooner than was possible in the past.

Q3: Does the new law require that tests other than those used to diagnose HIV be reported to state and local health departments? If so, what tests are they?

A3: The new law states that the list of required tests includes test results that are intended to "evaluate immune system status, to quantify HIV levels, or to diagnose acquired immunodeficiency syndrome (AIDS)", among persons already diagnosed with HIV. These tests are primarily CD4 counts/percents and viral loads (including undetectable viral loads). MDCH will rely on the reporting of these non-diagnostic results from laboratories, rather than clinicians' offices or hospital infection control departments.

Q4: Why are CD4 counts/percents and viral loads (VL) being reported?

A4: CD4 counts/percents are being reported so that MDCH can reliably and efficiently update the disease status of persons living with HIV/not AIDS to AIDS. According to the 1993 CDC AIDS surveillance case definition a patient is categorized as having AIDS upon first CD4 count less than 200 cells/ $\mu$ L or 14%. Federal funding formulas for care are based on AIDS cases, not HIV cases, so having CD4s reported will maximize the funding that Michigan is eligible to receive. Better monitoring of progression to AIDS also allows public health to track our progress at keeping HIV-infected persons healthier.

Additionally, routine VL and CD4 test information for persons living with HIV will allow MDCH to measure the proportion of persons who are in care, which the Department of Health and Human Services Health Resources and Services Administration (HRSA) requires of all Ryan White CARE Act title I and II grantees.

Q5: MDCH has asked laboratories to report all CD4 and viral load (VL) results unless they know a test subject is not infected with HIV. If a laboratory does not know whether a test subject is HIV-infected, MDCH has asked that all CD4 and VL results be reported. MDCH has stated they will delete or shred any and all CD4s undetectable VL test information that does not match to a person already reported to the HIV/AIDS Reporting System (HARS). Is this legal?

A5: Yes, under the *Communicable Disease Reporting Rules* 325.173 (7) a test result for a 'suspect' case shall be reported. In this situation, if a lab is unable to readily know if a CD4 or VL result is for an HIV positive person, that result is 'suspect' for HIV infection.

Q6: Do labs report positive HIV results through the local health department (LHD) where the testing provider is located or directly to MDCH?

A6: Based upon the representative sample of LHDs at the January 31, 2005 meeting to discuss PA 514 and the involvement of the Michigan Association for Local Public Health (MALPH), the LHDs present agreed that labs shall report all HIV related test results to the HIV/AIDS Surveillance Program (HIV/STD and Bloodborne Infections Surveillance Section) of MDCH.

Q7: How is MDCH going to collect complete patient locating information, a necessity for local health departments to perform partner counseling & referral services (PCRS), if the laboratory is unable to provide it?

A7: MDCH or the local health department (LHD) in the appropriate jurisdiction will be contacting the provider listed on the lab report to complete the case report form (CRF) and collect patient information for PCRS. Currently, MDCH HIV/AIDS Surveillance and some LHDs have contact with multiple providers for this reason and this would not be a new practice. If the provider has a high volume of cases, arrangements can be made so that surveillance calls and/or site visits to assist with completion of CRFs are made at convenient times. Strict confidentiality laws protect all reported information.

Some LHDs have opted to contact the provider themselves. In these instances, MDCH will send the lab result on to the LHD, once it is matched the HIV/AIDS Reporting System (HARS) in order to identify newly diagnosed individuals who need PCRS. All LHDs have this option and those wanting to contact their providers themselves should notify MDCH HIV/AIDS surveillance staff.

Q8: Does a provider need to send a case report form (CRF) within 7 days (the law requires that diagnostic test results be sent in within 7 days) to the health department, even if there has been no opportunity to give results to the patient and obtain mode of transmission?

A8: The laboratory that performs the test will be required to send the test result to MDCH within 7 days. A provider should send in a CRF to the health department as soon as it is complete, which is typically after the patient and provider have discussed positive test results, probable mode of transmission, partner counseling & referral service (PCRS) options, and next steps to be taken.

Q9: The law implies that a person can be tested for HIV anonymously in their doctor's office; can they also have their CD4 and viral load (VL) tests run anonymously?

A9: An individual who undergoes "a test for HIV or an antibody to HIV" in a physician's private office may request to be reported anonymously. In this case, the physician needs to submit the HIV lab test request without patient name. However, the law is silent on anonymous CD4 and VL reporting; if the physician sends a patient's name with the CD4 or VL specimen, the name will be sent to the health department.

Q10: What will be the paper flow of case report forms between MDCH, Central Michigan District Health Department (CMDHD), and the "low-impact" local health departments (LHD), now that partner counseling & referral services (PCRS) for these "low impact" counties will be performed by CMDHD?

A10: For new cases completed from the HIV test results being sent to MDCH, case report forms (CRFs) will be sent from MDCH to both CMDHD for PCRS and the "low impact" LHD where the person resides. Any CRF for a case who requires PCRS that is sent from a provider directly to a "low impact" LHD should be sent to CMDHD and MDCH. The law does address how all LHDs are to keep information on HIV-infected persons. Section 333.5114(3) states that "a local health department shall not maintain a roster of names obtained under this section, but shall maintain individual case files that are encoded to protect the identities of the individual test subjects."

Q11: If a hospital lab sends out an HIV test to a reference lab, which lab is required to report the test information – the hospital lab or the reference lab?

A11: According the *Communicable Disease Reporting Rules* any health care provider or testing agency that handles an HIV positive test result in Michigan is required to report information about that test to the state health department. However, many hospital labs have made arrangements with their reference labs that one or the other will assume this responsibility. PA 514 does not change these agreements.

Q12: What is the HIV/AIDS reporting role of the Michigan Disease Surveillance System (MDSS) that LHDs are using to report other communicable diseases to the state health department?

A12: At this time the MDSS can only accept lab results from the MDCH regional labs. In future meetings with the laboratories MDCH will discuss using the MDSS for reporting of HIV test results. We do not anticipate using the MDSS for CD4 and viral load reports.