

# SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 954  
 SPONSOR: Criminal Justice Committee and Senator Dawson  
 SUBJECT: HIV/Testing Inmates  
 DATE: March 20, 2001      REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION       |
|----|---------|----------------|-----------|--------------|
| 1. | Gardner | Cannon         | CJ        | Favorable/CS |
| 2. | _____   | _____          | APJ       | _____        |
| 3. | _____   | _____          | AP        | _____        |
| 4. | _____   | _____          | _____     | _____        |
| 5. | _____   | _____          | _____     | _____        |
| 6. | _____   | _____          | _____     | _____        |

**I. Summary:**

Committee Substitute for Senate Bill 954 would require the Department of Corrections (department) to test inmates for HIV infection not less than 60 days prior to release from prison. The department would not be required to retest those inmates known to be HIV positive nor those who had been tested within the previous year. Inmates that are released by an emergency court order are exempt from the testing requirement. The bill also requires the department to provide HIV positive inmates about to be released with certain transitional assistance:

1. education on preventing the spread of HIV and the importance of treatment,
2. a discharge plan with links to health care services in the community, and
3. a 30 day supply of medication, if appropriate.

If the inmate is HIV positive, the department would be required to notify the Department of Health as well as county health department in the community where the inmate is to reside following release. This bill adds inmates about to be released to the list of situations not requiring informed consent for HIV testing, and conforms the transfer of HIV status information between the Departments of Corrections and Health to the public records exemptions for HIV test results. This bill would also require the department to report to the Legislature on the implementation of this bill.

Senate Bill 954 provides an effective date of July 1, 2001.

This bill amends and/or creates the following sections of the Florida Statutes: 381.004, 944.704, 945.10, and 945.355.

## II. Present Situation:

The prevalence of HIV in Florida prisons is higher than in the general population. Statistics provided by the department indicate that there are 2,640 known HIV positive inmates, 768 of whom have full blown AIDS, as of December 2000. This means about 3.5 percent of inmates are known to be HIV positive; 3.3 percent of men and 10.3 percent of women. This infection rate can be explained by the high risk behaviors of persons who are sentenced to prison at some point in their lives, according to the 1998 annual report by the Florida Corrections Commission. Such behaviors include histories of multiple sex partners, sexually transmitted diseases, injection drug use, and other life styles that increase the risk of infection.

### Current Practice and Laws Governing HIV Education

Inmates receive HIV education and orientation upon intake, including prevention information, pursuant to s. 945.35, F.S. This section requires the department to work in conjunction with the Department of Health to develop an HIV education program for inmates. The program is to be designed in recognition of the incarceration setting, cultural differences, and the guidelines of the Centers for Disease Control and Prevention (CDC), as well as the recommendations of the Correctional Medical Authority.

This section also requires the department to develop an HIV education program for correctional staff with emphasis on appropriate behavior and attitude change. This section also allows the department to establish policies on housing, dining, and other physical contact, consistent with CDC guidelines. There is a confidentiality clause and a requirement that the department report to the Legislature yearly about the implementation of the program.

There is a large section of ch. 381, F.S. (Public Health), devoted to HIV testing, treatment, education and prevention. ss. 381.003-381.0046, F.S. Therein, the Legislature has defined HIV/AIDS and HIV testing, etc.; established policies concerning education, confidentiality and informed consent; and expressed legislative intent to control the spread of HIV.

- s. 381.004(2)(a), F.S., defines "HIV test" to mean a test ordered after July 6, 1988, to determine the presence of the antibody or antigen to human immunodeficiency virus or the presence of human immunodeficiency virus infection.
- s. 381.0038, F.S., requires the Department of Health to design an HIV/AIDS education program "designed to reach all segments of Florida's population."
- s. 381.004(3)(a), F.S., requires the informed consent of the person to be tested, but allows for specific exceptions related to high risk of transmission.
- s. 381.004(6), F.S., creates criminal penalties for violating the right of confidentiality.

### Current Practice and Laws Governing Testing

The department does not presently have a mandatory HIV testing policy. Instead, inmates are tested upon request, due to a prison incident involving blood, bodily fluids, or exposure, or when they present behaviors or symptoms that suggest the need to test, according to the department's Office of Health Services. Pursuant to s. 945.35(3), F.S., the department may begin testing when there is evidence of a "high risk behavior" of transmitting or contracting HIV. The department

conducted about 13,000 HIV tests in 1999-2000. Some inmates may not want to be tested because of a perceived risk of being identified as HIV positive.

The department uses the ELISA test as a first step toward determining the presence of the HIV virus in an inmate. This test costs \$10.73. If the clinic receives a positive result, they retest with the ELISA test. If there is a second positive result, the department conducts further testing and diagnosis that costs almost \$700.00 per patient, according to the Office of Health Services. The department does not require inmates to pay for HIV testing; however, s. 945.6037, F.S., allows the department to charge inmates a \$4.00 co-payment for nonemergency visits to the clinic. If inmates are required to make this co-payment, it could defray some of the testing costs.

### **Treatment Protocols**

The protocols for when to begin aggressive treatment of persons with HIV have just been changed by the Centers for Disease Control. Previously, it was believed that the proper course of action was to treat virtually all HIV positive persons with a “cocktail” of antibiotics, antiviral compounds and other medications. The department provided this treatment at a yearly cost of \$9,543.00 per treated inmate. Now, it is believed it may be beneficial to delay the commencement of aggressive treatment. However, it is current practice to continue treatment once treatment is begun. According to the department, the impact of these new protocols is undetermined.

### **Segregation and Transition Upon Release**

The department does not segregate HIV positive inmates, and they are distributed among 23 of the state’s prisons. It is the current policy of the department to prepare a continuity of care plan, provide inmates on medication with a 30 day supply of medication upon release, and to notify the local health department where the inmate plans to reside. According to the Office of Health Services, most HIV positive releasees would meet the qualifications for Medicaid.

## **III. Effect of Proposed Changes:**

The passage of CS/SB 954 would require the department to determine the HIV status of all inmates prior to release through testing. This bill would also require the department to provide transitional release services to those who test positive for HIV, including education, a treatment plan, and medication if appropriate. Three statutes are amended and cross-referenced to facilitate the purpose of this bill.

**Section 1** of this bill deals with the department’s responsibilities with regard to HIV testing of inmates prior to release, notice to the Department of Health, transitional assistance, and reporting to the Legislature. s. 945.355, F.S. The following is a breakdown of section 1:

Subsection 1 defines the term “HIV test” as “a test ordered to determine the presence of the antibody or antigen to human immunodeficiency virus or the presence of human immunodeficiency virus infection.”

Subsection 2 requires the department to test inmates not less than 60 days prior to being released under parole, accumulation of gain-time or expiration of sentence. This would not be necessary if the inmate had previously tested positive for the HIV virus or had been tested in the previous year, and did not request retesting. An inmate released by an emergency court order is exempt from the provisions of this section.

Subsection 3 would require the department to include the HIV test results in the inmate's medical records.

Subsection 4 requires the department to notify the Department of Health and the local health department for the county where the inmate plans to reside when the department releases an HIV positive inmate. Otherwise the HIV test results are confidential and exempt from the public records requirement.

Subsection 5 requires the department to provide HIV positive inmates with transitional assistance prior to the releasing of those inmates. The transitional assistance includes:

1. education on preventing transmission of HIV,
2. counseling on the importance of follow up care and treatment,
3. a written individualized treatment plan,
4. contacts with local HIV primary care providers, and
5. a 30 day supply of medication, if appropriate.

Subsection 6 requires the department to report to the Legislature not later than March 1, 2002, concerning the implementation of this law.

**Section 2** of this bill provides the department with authorization to release certain inmate medical records to the Department of Health and local departments of health as provided in s. 945.10, F.S.

**Section 3** of this bill adds the HIV testing of inmates about to be released from prison to the list of exceptions in s. 381.004, F.S., to the requirement to obtain informed consent to be HIV tested.

**Section 4** of this bill adds the transitional assistance provisions that would become s. 945.355(5), F.S., to the list of transitional services the department is to provide to inmates being released as described in s. 944.704, F.S.

**Section 5** of the bill provides an effective date of July 1, 2001.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

None.

##### **B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. Other Constitutional Issues:**

While mandatory HIV testing is authorized in other states, questions remain concerning the issues of individual rights, medical confidentiality standards and the potential for discrimination associated with identifying HIV positive individuals.

**V. Economic Impact and Fiscal Note:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

The private prison companies contracting with the state to operate the five private prisons would experience an expense if required to participate in this program. It is possible that a contract adjustment could be negotiated to reflect that expense.

**C. Government Sector Impact:**

The yearly costs of this bill are hard to determine, and could range from \$200,000 to over \$1,000,000 depending on how the department carries out the mandate. The bill requires three activities that will result in some expense to the state. They are the testing, the transitional assistance, and notice to the health department. This analysis of the cost of a mandatory HIV testing program is based on the following assumptions:

- The Criminal Justice Estimating Conference estimates that prison releases will average 25,000 a year, or just over one third of the total incarcerated.
- The department currently tests approximately 13,000 inmates a year.
- 2,640 inmates are known to be HIV positive; 3.3 percent of men; 10.3 percent of women.
- The ELISA HIV test costs \$10.73 per test.
- The department spends approximately \$140,000 yearly on HIV testing.
- The department estimates the yearly transitional assistance will cost \$48,292.
- The department foresees no additional costs for notification of local health departments.

This bill would require the department to test all inmates leaving the prison system unless they have been tested within the previous 60 days. If those known to be HIV positive are not tested, and those recently tested are not retested, the number of inmates needing to be tested would be reduced.

- If 20,000 releasees are tested at \$10.73 per test, the costs would be \$214,600.
- If 25,000 releasees are tested at \$10.73 per test, the costs would be \$268,250.

The total cost of HIV testing for the department could go down if some of those currently asking to be tested wait for release to be tested, or the law only required testing inmates whose HIV status is unknown to the department.

A small number of those tested would receive an HIV positive test result. Assuming those tested under this section have the same HIV infection rate as the general inmate population, 600-800 inmates will test positive. If they are given second the ELISA test and/or a Western Blot HIV test to confirm the earlier results, the costs could be approximately \$10,000. This bill does not require the department to perform confirming and diagnostic testing as it now does when two positive results are received on an inmate who asks to be tested or who needs to be tested.

The cost of this bill on local governments is hard to determine. Depending on the releasee's health, he or she may be eligible for HIV/AIDS treatment programs that are operated by local health departments or non-governmental agencies receiving government funding. The money to support local health services could come from local government, state government, the federal government, or private grants. According to the department and the Department of Health, most HIV positive persons qualify for some level of assistance.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Amendments:**

None.