ENROLLED ORIGINAL

AN ACT

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the Access to Emergency Medical Services Act of 1998 to require that health insurers provide health insurance benefits to cover the cost of a voluntary HIV test performed during an insured's visit to a hospital emergency department, irrespective of the reason for the hospital emergency department visit.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Insurance Coverage for Emergency Department HIV Testing Amendment Act of 2008".

Sec. 2. The Access to Emergency Medical Services Act of 1998, effective September 11, 1998 (D.C. Law 12-145; D.C. Official Code § 31-2801 *et seq.*), is amended by adding a new section 3a to read as follows:

"Sec. 3a. Emergency department HIV screening.

"(a) For the purposes of this section, the term:

"(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).

"(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:

"(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

"(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.

"(b) A health benefit plan shall reimburse the cost of a voluntary HIV 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.

"(c) The benefits mandated by subsection (b) of this section shall:

"(1) Include at least one annual emergency department HIV screening test;

"(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

"(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.

"(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:

"(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;

"(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;

"(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

"(4) In the case of a positive test result, where the patient may obtain appropriate health care and supportive services.

"(e) A health insurer shall not:

"(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;

"(2) Refuse to issue a health benefit plan solely because an applicant may use the benefits covered by this section; or

"(3) Cancel or refuse to renew a health benefit plan solely because an insured has used the benefits covered by this section.

"(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.".

Sec. 3. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 4. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

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Chairman
Council of the District of Columbia

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Mayor
District of Columbia