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TO: OBSTETRIC HEALTH CARE PROVIDERS

SUBJECT: RECENT CHANGES IN CALIFORNIA LAW REGARDING HIV TESTING
FOR PREGNANT WOMEN

The California Department of Public Health (CDPH), Office of AIDS (OA) is pleased to announce the passage of Assembly Bill (AB) 682 (Berg). With the implementation of this legislation on January 1, 2008, California obstetric health providers can fully adopt the current best practices and community standards of care that will decrease HIV transmission from a pregnant woman to her baby. These best practices have been endorsed by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, and are the recommendations of the Centers for Disease Control and Prevention.

This letter revises our letter dated December 21, 2008 to include the website address for the Perinatal Information Forms and clarification about documenting a decline of HIV testing.

Prenatal HIV Testing

AB 682's HIV testing provision will help eliminate barriers to pregnant women receiving an HIV test during prenatal care. During prenatal care, pregnant women shall be informed about HIV testing and that they can decline testing. **However, pregnant women are no longer required to provide written consent or refusal of HIV testing.** This change was made to increase HIV testing during prenatal care so that women found to be HIV positive will have the best treatment options available to diminish the risk of transmitting HIV to their infants. An information sheet (CDPH 8682) providing the [information women need to receive when HIV testing](#) is available on CDPH's website.

Reporting Prenatal HIV Test Results to Labor and Delivery

Current California law allows inclusion of a person's HIV test result in his/her medical record. This is not considered a disclosure under Health and Safety (H&S) Code Section 120980. H&S Code Section 120985 permits a physician who orders an HIV test to record the results in the patient's medical record, or otherwise disclose it without written authorization to the patients' health care providers for the purpose of diagnosis, care, or treatment of that patient. This provision includes the disclosure of HIV test results from prenatal care providers to labor and delivery services. Labor and delivery services need a pregnant woman's HIV test results so that a woman who is HIV positive can be offered treatment to greatly reduce the likelihood of transmitting HIV to her newborn.

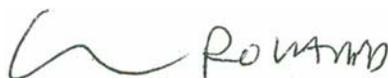
Rapid HIV Testing in Labor and Delivery

AB 682 also states that if a woman does not have an HIV test documented in her prenatal record at the time of labor and delivery, she should be informed about HIV and her right to decline HIV testing. If the woman orally accepts testing, she must then receive an HIV test **"by a method that will ensure the earliest possible results."** Currently, there are six HIV tests available that can provide preliminary results within 20 minutes; therefore, hospitals should be able to provide rapid HIV testing in labor and delivery. If a woman receives appropriate HIV treatment during labor and delivery, she can decrease the chances by approximately one-half of transmitting HIV to her infant.

Documentation of a Decline of HIV Testing

AB 682 requires that medical care provider's note in the patient's medical file if the patient declines HIV testing.

CDPH/OA is available to assist you in any way with the implementation of AB 682. Please contact Kama Brockmann, of my staff, at (916) 449-5964 or Kama.Brockmann@cdph.ca.gov, if you have any additional questions regarding pregnant women and HIV testing in prenatal care or labor and delivery.



Michelle Roland, MD, Chief
Office of AIDS