



The Maryland HIV/AIDS Reporting Act of 2007: A Process Description & Evaluation

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Background: HIV/AIDS Reporting in Maryland

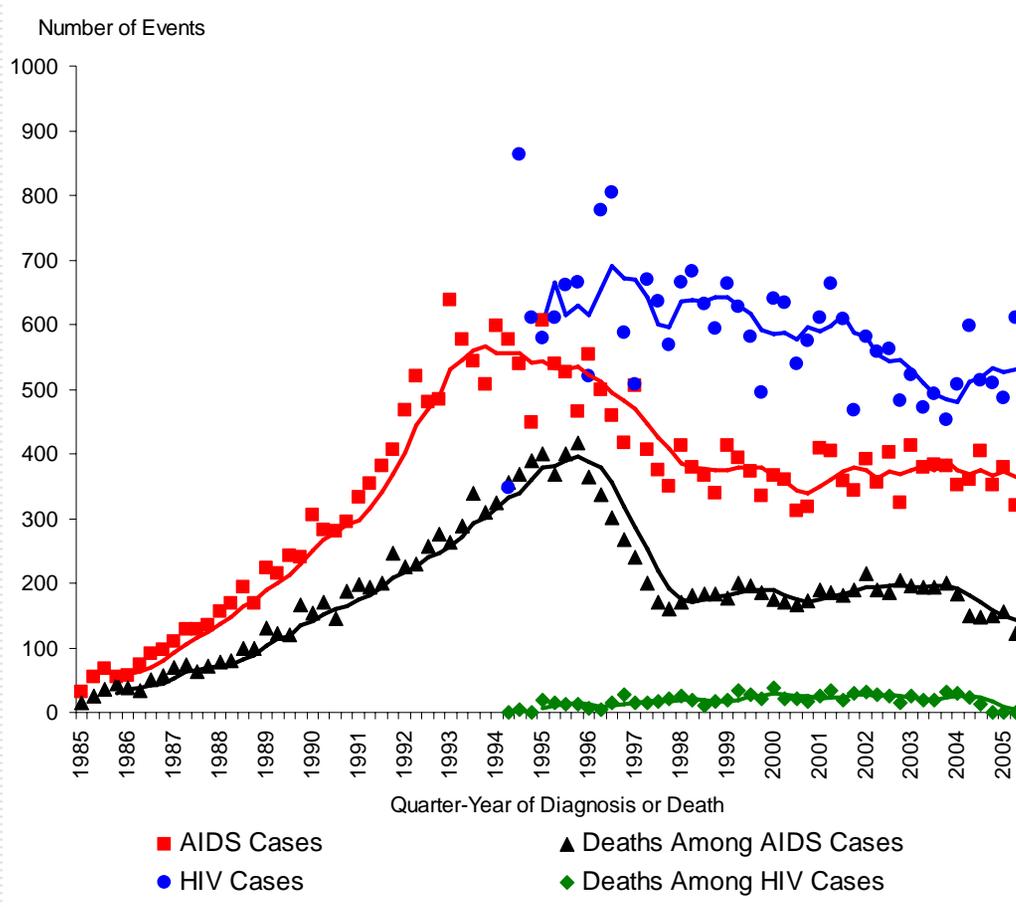
- Since 1985: AIDS reported by name
- Since 1994: HIV reported by Unique Identifier (UI)
- Maryland's 14-digit UI included:
 - the last 4 digits of SSN,
 - 8 digits for DOB
 - 1 digit for racial/ethnic group
 - 1 digit for gender



Current Statistics

- ❑ Maryland has the 3rd highest annual case report rate of any state (28.5 cases per 100,000 population)
- ❑ Baltimore-Towson has the 2nd highest rate of any major metropolitan area (40.5 cases per 100,000).
- ❑ Through June 2006: 29,687 recorded AIDS cases, 16,012 deaths among AIDS cases and 18,821 HIV cases that have not developed AIDS
- ❑ 56% of HIV cases reported from heterosexual sexual contact, 23% from IDU, 18% among MSM, 1% among IDU/MSM and 2 percent reporting other.

HIV/AIDS Trends in Maryland



Incident (Newly Diagnosed) HIV and AIDS Cases and Deaths among HIV and AIDS Cases by Quarter-Year through Second Quarter 2005 as Reported through 6/30/06 (Maryland HIV/AIDS Epidemiologic Profile 2006)

Ryan White Comprehensive AIDS Resource Emergency (CARE) Act

- Enacted in 1990 by the federal government
 - To improve the “quality and availability of care for low-income, uninsured and underinsured individuals and families affected by HIV disease.” (HRSA 2007)
 - Maryland receives over \$65 million of federal funding for HIV/AIDS services through the RWCA
 - 60% of the AIDS Administration’s budget
 - The Modernization Act of 2006: funding calculations will be based on name-based reporting.
 - Timeline
 - By April 1, 2008 a new reporting system must be enacted. States given until fiscal year 2010 to transition fully.
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Pre-Legislative Process

- DHMH drafting of the legislative proposal
 - Meeting with local health officers
 - Stakeholders Meeting
 - Community Open Forums
 - AIDS Legislative Committee (ALC) Open Forum
 - Discussions with Governor Martin O'Malley's Office and the Attorney-Generals Office
 - Revisions of the proposal
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Legislative Process

- AIDS Administration (AA) Budgetary Hearing
 - Senate Bill 987
 - House Bill 1270
 - Fiscal Note attached
 - Testimony by the AA leaders and by DHMH Secretary Colmers (3/5/07)
 - Two amendments added
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The Maryland HIV/AIDS Reporting Act of 2007: Key points

- ❑ Physicians must report both HIV and AIDS cases by name.
 - ❑ Institutions (hospitals, nursing homes, hospice facilities and medical clinics in correctional facilities, inpatient psychiatric facilities and inpatient drug rehabilitation facilities) must report both HIV and AIDS cases by name.
 - ❑ Laboratory reporting expanded from HIV positive tests and CD4+ lymphocyte counts <200 cells to include all CD4+ lymphocyte tests. Reporting is by name.
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Maryland HIV/AIDS Reporting Act: Key Points (continued)

- ❑ Physicians must report newborn HIV exposures by name. Identifying information will be removed after 18 months if the infant is found to no longer be HIV positive.
 - ❑ Increased restrictions on access to HIV/AIDS data and heightened penalties for intentional release of confidential HIV/AIDS data are added.
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The Maryland HIV/AIDS Reporting Act of 2007

- ❑ Passed nearly unanimously by the Maryland General Assembly on April 6, 2007.
 - ❑ Signed by Governor Martin O'Malley on April 24, 2007.
 - ❑ Emergency legislation, therefore, the law went into effect on April 24, 2007.
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Implementation Process

- AA changes to surveillance
 - New consent and reporting forms
 - Physician education
 - Institution education
 - Laboratory education
 - Community education
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Thank you

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 - AIDS Administration
 - Dr. Robert Lawrence
 - PHASE Internship Coordinators:
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