



2008 Changes in HIV/AIDS Counseling and Testing Laws

Effective July 1, 2008, Maryland laws, Health-General Article §§ 18-336 and 18-338.2, have modified the documentation of informed consent in healthcare settings, the pre-test counseling process requirements, the referral requirements, and the offering of HIV testing for pregnant women. Maryland law maintains the individual's right to provide voluntary informed consent without impacting the provision of health care.

In non-health care settings (e.g. community-based organizations, outreach settings, or mobile vans), Maryland will continue targeted HIV testing, and Maryland law continues current practices for documentation of informed consent.

Terms and definitions:

- **Screening:** Performing an HIV test for all persons in a defined population.
 - Screening should be performed routinely for all individuals aged 13 - 64 years at least one time in his or her lifetime unless prevalence of undiagnosed HIV infection in the patient population has been documented to be <0.1%.
 - If an individual is known to be at high risk for HIV, he or she should be tested at least annually. Examples of individuals who may be at high risk include: injection-drug users, persons who exchange sex for money/drugs, men who have sex with men, persons who themselves or whose partners have had more than one sex partner since their most recent HIV test, sexual or needle sharing partners of HIV-infected persons.
- **Diagnostic testing:** Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.
 - Should be conducted when an individual exhibits symptoms commonly associated with HIV infection or one of the opportunistic infections associated with HIV.
- **Targeted testing:** Performing an HIV test for subpopulations of persons based on risk, typically defined on the basis of behavior, clinical, or demographic characteristics.
 - Targeted testing should be conducted in settings where risk-based HIV testing is more cost effective and where individuals with positive results are more likely to be identified (e.g., non-clinical settings like community-based organizations, outreach settings, or mobile vans).