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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
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MEMBER

June 4, 2002

Robert E. Nyce, Executive Director
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce:

Pursuant to the Regulatory Review Act (P.L. 73, No.19) (71 P.S. SS745.1-745.15) the House Health and Human Services Committee reviewed the final-form regulation No. 10-166, requiring name-based reporting of HIV test results, CD4 T-lymphocyte counts and perinatal exposure of Newborns to HIV.

The House Health and Human Services Committee opposes and is displeased with the state efforts to adopt a named-based HIV reporting system. This committee notes that its comments, submitted June 11, 2001, were not taken into consideration by the Department of Health in the drafting of this regulation in its final form. Accordingly, the committee urges the Independent Regulatory Review Commission to deny approval of the final form regulation while urging the Department to resubmit a regulation employing the use of a unique identifier system rather than the name-based system currently proposed.

It is recognized that the Commonwealth has a responsibility to develop a system to accurately track the course of HIV in Pennsylvania, as a requirement for federal funding by the federal Department of Health and Human Services; however, the potential detriment to public health and significant shortcomings associated with the use of mandatory HIV names reporting can be avoided through the use of a unique identifier tracking system. In their guidelines, the CDC acknowledges the need for non-names based HIV reporting methods where names reporting could cause widespread testing avoidance. Evidence shows that the use of named-based reports deters high-risk populations from seeking HIV testing. The failure to provide an incentive for those individuals at greatest risk of infection to seek testing limits the ability of the overall system to effectively diagnose and treat HIV infected individuals who pose a risk not only to themselves, but also to those with whom they share risk behaviors; thereby, further

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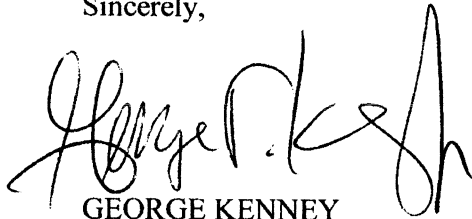
restricting the Commonwealth's ability to accumulate accurate data about the epidemic and establish effective public health care and prevention interventions.

Using unique identifiers promotes an incentive for those at-risk and already untrusting of institutions and the government to seek testing, diagnosis and care. Using unique identifiers will satisfy all the considerations under review by the Department and enable the department to accurately accumulate data about the patterns of HIV infection, provide confidentiality under standards provided by the Centers for Disease Control, develop effective community-based interventions based on trusting relationships to move those infected into treatment, and provide sufficient information to establish statewide prevention and care programs.

The Department of Health is poised to make a substantial transition to reporting HIV cases statewide that will require significant resources. The experience of several other states with HIV epidemics equivalent to or larger than Pennsylvania's shows that mandatory names reporting is associated with negative public health consequences, most importantly deterring people at high risk of HIV infection from seeking testing.

The regulations submitted by the Department are unacceptable to this committee in their current form. We therefore urge the Independent Regulatory Review Committee to deny approval of this final form regulation.

Sincerely,



GEORGE KENNEY
Majority Chairman
Health & Human Services Committee



FRANK OLIVER
Minority Chairman
Health & Human Services Committee

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