

Secretary of State
NOTICE OF PROPOSED RULEMAKING
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
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Rules Coordinator	Address	Telephone

RULE CAPTION

Repeal Outdated HIV/AIDS Prevention Program Rules Now Administered by Public Health in Chapter 333

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing

ADOPT:

AMEND:

REPEAL: OAR 410-143-0020, 410-~~183~~^{4, SC}-0040, 410-143-0060 1/14/15

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.042

Other Auth.:

Stats. Implemented: ORS 413.042

RULE SUMMARY

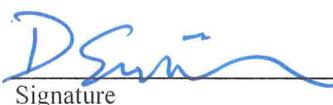
The Oregon Health Authority's Division of Medical Assistance Programs is repealing outdated HIV/AIDS prevention services program rules from Chapter 410. These rules were originally adopted in 1995 and have not been amended since that time. The HIV prevention program is currently administered by the Authority's Public Health Division, and the rules can be found in Chapter 333 division 22.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

February 19, 2015 by 5 p.m.

Send comments to: dmap.rules@state.or.us

Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)


Signature

DAVID SIMMITT
Printed name

1/13/2015
Date

Note: Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*. A Rulemaking Hearing may be requested in writing by 10 or more people, or by an association with 10 or more members, within 21 days following notice publication or 28 days from the date notice was sent to people on the agency's interested party mailing list, whichever is later. In such cases a Hearing Notice must be published in the *Oregon Bulletin* at least 14 days before the hearing.

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)

410

Agency and Division

Administrative Rules Chapter Number

Repeal Outdated HIV/AIDS Prevention Program Rules Now Administered by Public Health in Chapter 333

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The repeal of OAR 410-143-0020, 410-143-0040, 410-143-0060
4 SC 1/14/15

Statutory Authority: ORS 413.042

Other Authority:

Stats. Implemented: ORS 413.042

Need for the Rule(s):

The Authority needs to repeal these rules because the program is no longer administered by the Division of Medical Assistance Programs. The Division is repealing outdated HIV/AIDS prevention services program rules from Chapter 410. These rules were originally adopted in 1995 and have not been amended since that time. The HIV prevention program is currently administered by the Authority's Public Health Division, and the rules can be found in Chapter 333 division 22.

Documents Relied Upon, and where they are available: Public Health HUMAN IMMUNODEFICIENCY VIRUS Administrative rules available at http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_022.html

Fiscal and Economic Impact: Repealing these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, or businesses, including small businesses.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

None

2. Cost of compliance effect on small business (ORS 183.336): None

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: N/A

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: N/A

c. Equipment, supplies, labor and increased administration required for compliance: N/A

How were small businesses involved in the development of this rule? Small businesses were not involved because small businesses are not affected by the repeal of these rules.

Administrative Rule Advisory Committee consulted?: No

If not, why?: The program is currently administered by Public Health. These rules are outdated and obsolete.


Signature

DAVID SIMMITT
Printed name

1/13/2015
Date

DIVISION 143

HIV/AIDS PREVENTION SERVICES PROGRAM

410-143-0020

Definitions — Effective for Services Provided on or After February 1, 1994

(1) ~~Public Health Seropositive Wellness Program (SW) — This program, consisting of six SWP treatment sessions, is a carefully stated series of medical, behavioral and social interventions designed to engage client in self-management of his/her HIV disease and prevention of secondary spread of HIV. Each SWP session contains an intervention component as well as a medical and/or community support/case management component as appropriate.~~

(2) ~~SWP Intervention Component — A series of cognitive and behavior modification counseling sessions designed to teach client skills to reduce/eliminate high risk behaviors and maximize health. Interventions include techniques in stress reduction and relaxation.~~

(3) ~~SWP Medical Component — General medical history at first sessions and, as indicated, at subsequent sessions; immunizations and appropriate lab tests.~~

(4) ~~SWP Community Support Priorities/Case Management Component — As indicated, assistance to clients in accessing services appropriate to his/her level of illness through ongoing assessment, advice and referral, including but not limited to, financial resources, housing, practical support, medical services and emotional support services.~~

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042

410-143-0040

Provider Qualifications — Effective for Services Provided on or After February 1, 1994

HIV/AIDS Prevention services providers must be:

(1) ~~Currently licensed as a physician, nurse practitioner, or a registered nurse with a minimum of two years experience, or other professional or paraprofessional working under the supervision of one of the above practitioners; and~~

(2) ~~Trained and certified as a provider of the HIV/AIDS Prevention Services Program by the Oregon Health Division and following the protocols established by the Oregon Health Division for this program.~~

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042

410-143-0060

Procedure Codes—Effective for Services Provided on or After February 1, 1994

(1) ~~Public Health HIV Counseling and Testing—Code PUB01. This code includes:~~

(a) ~~Pre-test counseling:~~

(A) ~~Counseling covering basic facts about HIV, modes of transmission, risk factors, testing methodology, procedures, alternatives and risks of the test. Distribute condoms;~~

(B) ~~Risk assessment of factors that place client at risk for contracting HIV;~~

(C) ~~Risk reduction counseling as appropriate;~~

(D) ~~Phlebotomy and specimen processing.~~

(b) ~~Post-test counseling:~~

(A) ~~Counseling, provide test results, and reiterating basic facts about HIV;~~

(B) ~~Risk reduction counseling; condom demonstration, dispense condoms to client;~~

(C) ~~As appropriate:~~

(i) ~~Special behavioral intervention to assist client in reducing/eliminating high risk behaviors through:~~

(I) ~~Abstinence;~~

(II) ~~Reduction in number of sexual partners;~~

(III) ~~"Safe" injection of drugs using decontaminated syringes/needles; and~~

(IV) ~~Proper and consistent use of condoms, including condom demonstration and dispense condoms to client.~~

(ii) ~~Deal with traumatized client who is first learning s/he has a terminal disease;~~

(iii) ~~Obtain information needed for partner notification;~~

(iv) ~~Begin discussion of risk reduction behavior changes needed to avoid infecting others;~~

~~(v) Cover the prognosis, discuss T-cell testing, medical and dental referrals for long-term follow-up;~~

~~(vi) Community support priorities/case management, as indicated;~~

~~(vii) Enroll client in Seropositive Wellness Program and schedule next session.~~

~~(d) This code is paid four times per year per client.~~

~~(2) Public Health HIV-1 Screening and Confirmation Testing—Code PUB02. This code is paid two times per year per client.~~

~~(3) Public Health Seropositive Wellness Program (SWP) Treatment Session—Code PUB03:~~

~~(a) The subsequent SWP treatment sessions, following Oregon Health Division protocols, are a carefully stated series of medical, behavioral and social interventions designed to engage client in self-management of his/her HIV disease and prevention of secondary spread of HIV:~~

~~(A) SWP Treatment Session #1:~~

~~(i) Medical/diagnostic: Take client's general medical history. Also, do specimen collection, as appropriate, for: T-cell testing, including slide preparation and expedited handling; CBC as diagnostic adjunct; Hepatitis B serology; and HIV retest if indicated;~~

~~(ii) Intervention: Teach the client basic relaxation techniques as an adjunctive treatment for depression, in addition to reducing anxiety which has a deteriorating effect on the immune system. This technique has been demonstrated to enhance immune system functioning, cardiovascular functioning, and digestion/metabolism. Distribute condoms.~~

~~(iii) Community support priorities/case management, as indicated.~~

~~(B) SWP Treatment Session #2:~~

~~(i) Medical: T-cell result, PPD administration with controls. Administer Hepatitis B vaccine dose #1, if indicated. Specimen collection for RPR serology;~~

~~(ii) Intervention: Focus on biofeedback in order to enhance the patient's locus of control regarding his/her perception of illness, stimulate the use of imagery (a demonstrated technique of immune system enhancement), and to facilitate localized enhancement of stress reduction. Clients also use this technique to suppress medication side effects. Distribute condoms;~~

~~(iii) Community support priorities/case management, as indicated.~~

~~(C) SWP Treatment Session #3:~~

(i) Medical: RPR results, PPD results and referral for x-ray follow-up, if indicated. Administer vaccines (Pneumovax, Influenza) as indicated;

(ii) Intervention: Begin to teach client techniques relating to HIV risk reduction, in addition to behavior modification of health-threatening activities. This session focusses on the analysis of antecedents which stimulate risky behavior performance. The client is also taught to use self-monitoring techniques related to risk behaviors. This session also incorporates a de-conditioning technique for reducing client's fears regarding illness and possible death. Distribute condoms;

(iii) Community support priorities/case management, as indicated.

(D) SWP Treatment Session #4:

(i) Medical: Administer Hepatitis B dose #2 and other vaccinations as indicated. Nutrition counseling, general review of immune system;

(ii) Intervention: Begin to develop a cognitive approach in which the client is instructed to restructure his/her thought processes regarding risky behavior related to sexuality, substance abuse, smoking, etc. Distribute condoms;

(iii) Community support priorities/case management, as indicated.

(E) SWP Treatment Session #5:

(i) Medical: Specimen collection for toxoplasmosis serology;

(iii) Intervention: The client is assisted in a cognitive rehearsal of risk reduction thought processes, and instructed in generalizing this process to overt environmental and behavioral situations. Nutritional counseling is enhanced in this session through the application of behavior modification techniques to HIV counterproductive dietary habits. Distribute condoms;

(iii) Community support priorities/case management, as indicated.

(F) SWP Treatment Session #6:

(i) Medical Administer vaccines (MMR, dT, Hib) as indicated;

(ii) Intervention: Summary session. Review client's understanding and implementation of psychological techniques relating to HIV. Ancillary services (e.g., A&D intervention), community level psychosocial support needs as well as medical and dental services, are summarized and reviewed. Distribute condoms;

(iii) Community support priorities/case management, as indicated.

(b) This code is paid six times per year per client.

~~(4) Public Health Treatment Follow-up Sessions (3, 6 and 12 months post-enrollment) Code PUB04:~~

~~(a) Medical: Administer Hepatitis B vaccine as indicated. Specimen collection for T4 count, CBC, as indicated;~~

~~(b) Intervention: Review medical and psychological issues relating to HIV and the client's health, and risk reduction behaviors. Provide specific behavioral interventions based on relapsing behaviors identified with the client. Distribute condoms;~~

~~(c) Community support priorities/case management, as indicated;~~

~~(d) This code is paid three times per year per client.~~

~~Stat. Auth.: ORS 413.042~~

~~Stats. Implemented: ORS 413.042~~