Georgia Ryan White Part B Clinic Personnel Guidelines

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Georgia Department of Public Health
Division of Health Protection
Infectious Diseases and Immunization Section
HIV Office

This document is available online at http://dph.georgia.gov/quality-management-program

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INTRODUCTION

The purpose of this document is to provide guidance on the Georgia Ryan White Part B-specific requirements for clinic personnel. These guidelines apply to medical, nursing, and nutrition therapy providers delivering care services to HIV-infected adults and adolescents in the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) Georgia public health clinics.

A Summary of Selected Georgia Laws Regarding HIV/AIDS Issues is included as Appendix A. Georgia Laws Related to the Right of a Minor to Obtain Consent for Medical Care is included as Appendix B.

For ease of use, new or revised information is in **bold.**

Please note that compliance with United States **Department of Health and Human Services (DHHS)** HIV**-related** related guidelines is a requirement of the Health Resources and Service Administration (HRSA) for sites receiving Ryan White HIV/AIDS Treatment Extension Act funding. The DHHS guidelines are considered "living" documents and are available online at the AIDSinfo website http://aidsinfo.nih.gov/. Therefore, *changes in the US **DHHS** guidelines supersede information in the following clinic personnel guidelines.*

In 2005, this document was produced with the title of *Medical Guidelines for the Care of HIV-infected Adults and Adolescents*. Sections in the document summarized the DHHS HIV-related guidelines. Because these guidelines are often revised multiple times per year, the decision was made to discontinue the medical portion of the document and revise only the Clinic Personnel Section.

This document replaces the *Medical Guidelines for the Care of HIV-infected Adults and Adolescents*, released in 2005.

CLINIC PERSONNEL

Due to the complex nature of HIV infection and related co-morbidities, a multi-disciplinary staff is necessary to provide high quality clinical services. In addition to expert physician, physician assistant and nursing personnel, other providers, such as registered dietitians, are essential components of the care team.

Each staff member must have a written job description that includes, but is not limited to: job title, qualifications, licensure, certifications, and duties/responsibilities. In addition, each staff member should have an annual performance review.

Most information related to clinic personnel, including recommendations and/or requirements listed below, must be documented and placed in personnel records.

PHYSICIANS

Each clinic must have at least one physician with advanced training in the field of HIV/AIDS (i.e., infectious diseases specialization or documented experience and/or mentorship). For those clinics that do not have an Infectious Diseases specialist, an experienced and/or mentored licensed physician who is credentialed by the American Academy of HIV Medicine (or an equivalent organization) could fill that role.

A. INITIAL TRAINING

The physician must hold an MD or DO degree from an accredited United States medical or osteopathic school or have a comparable degree from a foreign school of medicine and a valid certificate indicating passing of the Educational Commission for Foreign Medical Graduates (ECFMG).

B. LICENSURE

The physician must possess a valid and current license to practice medicine issued by the Georgia Composite Medical Board. Verify licensure online at https://services.georgia.gov/dch/mebs/jsp/index.jsp **and retain a paper copy of the internet verification in the supervisory file prior to employment and at least annually thereafter.**

C. DRUG ENFORCEMENT AGENCY (DEA) NUMBER

The physician must also hold a current **DEA registration number. The physician's current DEA registration certificate must be kept in the supervisory file and updated upon renewal.**

D. CREDENTIALING

At least one physician at each clinic must be board certified, or eligible, in the specialty of infectious diseases or have the documented experience and/or mentoring required and certification granted by the American Academy of HIV Medicine (AAHIVM) or an equivalent body. Certification information is available online at http://aahivm.org/.

E. GEORGIA MEDICAID AND OTHER THIRD PARTY PAYERS

The physician must be enrolled as a Georgia Medicaid provider in the Physician Services Program and follow the Medicaid policies and procedures for the Program. **The physician is required to make every possible attempt to enroll as a Provider with area health insurance companies. Proof of enrollment (e.g., approval letter) should be available upon request.**

F. EXPERIENCE/MENTORING

Non-infectious disease physicians who are not certified in the above manner must be board certified, or eligible, in family medicine, internal medicine, or medicine-pediatrics (if dealing with the pediatric population) and/or have experience outlined by the AAHIVM in caring for HIV/AIDS patients. If the physician will manage and/or initiate antiretroviral therapy (ART), he/she must be mentored according to the AAHIVM guidelines and demonstrate currency in this area through annual continuing medical education (CME), as well as abidance with the U.S. Department of Health and Human Services (DHHS) guidelines available online at http://aidsinfo.nih.gov/.

G. EMERGENCY MEDICAL RESPONSE

Each physician must have, **at minimum**, current **BLS for Healthcare Providers** certification **OR hospital-based physicians may follow their institution's policy (e.g., notify rapid response team).**

H. CONTINUING MEDICAL EDUCATION

Each physician should be able to document that he/she has received a minimum of 15 contact hours of HIV-specific CME per year, which should include a minimum of 5 hours related to antiretroviral therapy. **In addition, each physician should have an annual update on prevention of occupational exposure to bloodborne pathogens.**

I. HOSPITAL PRIVILEGES

At least one of the clinic physicians should have privileges at one or more of the clinic's designated hospitals. If the physician does not have hospital privileges, he/she should collaborate with a physician who has hospital privileges or establish a mechanism for admitting patients to the hospital.

PHYSICIAN ASSISTANTS

A. LICENSURE

The physician assistant (PA) must possess a valid and current license issued by the Georgia Composite Board. Verify licensure online at https://services.georgia.gov/dch/mebs/jsp/index.jsp **and retain a paper copy of the internet verification in the supervisory file prior to employment and at least annually thereafter.**

B. APPROVAL FROM THE GEORGIA COMPOSITE MEDICAL BOARD

The licensed physician who will be responsible for the performance of the PA must obtain approval for the utilization of that PA from the Georgia Composite Medical Board as outlined in the Physician Assistant Act (O.C.G.A. § 43-34-100).

Please note that a job description must be submitted to the Board for approval, which includes the PA's qualifications/experience, the supervising physician's professional background/specialty, a description of the physician's practice, and how the PA will be utilized.

C. EMERGENCY MEDICAL RESPONSE

Each PA must have, **at minimum**, current **BLS for Healthcare Providers** certification **OR hospital-based PAs may follow their institution's policy (e.g., notify rapid response team).**

D. CREDENTIALING

Each PA must receive certification by a national certifying agent (i.e., National Commission on Certification of Physician Assistants). In addition, each PA is **strongly encouraged** to obtain HIV/AIDS specialty certification granted by the American Academy of HIV Medicine (AAHIVM). Certification information is available online at http://aahivm.org/.

E. GEORGIA MEDICAID AND OTHER THIRD PARTY PAYERS

The PA must be enrolled as a Georgia Medicaid provider in the Physician Assistant Services Program and follow the Medicaid policies and procedures for the Program. **The PA is required to make every possible attempt to enroll as a Provider with area health insurance companies. Proof of enrollment (e.g., approval letter) should be available upon request.**

F. PHYSICIAN ASSISTANT IDENTIFICATION

A notice stating that a PA is being utilized must be placed in a prominent place (e.g., waiting room). PAs must be identified as such on their ID badge or nametag.

G. INITIAL HIV-RELATED TRAINING

Each PA new to HIV and/or inexperienced in HIV/AIDS care must complete initial HIV-related training. PAs with specialty training and/or extensive experience may not need most of the introductory training listed below. Documentation of specialty education, training, and residencies should be placed in the personnel record. Initial training should include the following topics:

- HIV/AIDS basics (e.g. HIV transmission, epidemiology, HIV immuno-pathogenesis).
- Current recommendations for initiating and managing antiretroviral therapy.
- Current recommendations for opportunistic infection (OI) prophylaxis therapy and other prevention methods.
- Common clinical manifestations of HIV/AIDS including diagnosis and treatment.
- Treatment of HIV- infected women during pregnancy.
- Laboratory monitoring for HIV-infected adults.

- Overview of tuberculosis (TB), and treatment of TB and latent TB infection in **people living with HIV.**
- Bloodborne pathogen occupational exposure prevention.
- HIV/AIDS-related legal issues.
- STD overview.
- Women's health issues, especially abnormal Pap smear follow-up and birth control methods for HIV-infected women.
- Immunizations for HIV-infected adults or adolescents.
- Viral hepatitis, **including hepatitis B and C co-infection**.
- Pharmacology, specifically antiretroviral and other commonly used HIV/AIDS-related medications.
- Metabolic disorders related to HIV/AIDS (e.g. hyperglycemia and hyper-lipidemia).
- HIV counseling and testing.
- Risk reduction and prevention with HIV-infected patients.
- Nutrition and HIV/AIDS.
- Cultural competency.
- **HIV and aging.**
- **Hospice care/end of life issues.**
- **Adherence counseling in the HIV population.**
- **Post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP)**

H. CLINIC ORIENTATION

Each PA should complete a general clinic orientation with his/her supervisor, peers, and/or supervising physician, including orientation to the clinic's policy and procedures.

I. PRECEPTORSHIP

Each PA should have an individualized preceptorship period based on past experience, strengths, and needs. Documentation of the preceptorship, including that the PA could satisfactorily perform the required clinical skills, must be placed in the personnel record prior to practicing

J. MID-LEVEL PROVIDER PRACTICE GUIDELINES

Though PAs are not required to practice with written protocols in Georgia, they will be required to follow the current version of the HRSA manual, Guide for HIV/AIDS Clinical Care, and the current versions of the DHHS HIV-related guidelines under the supervision of their physicians. The supervising physician must be available for ongoing consultation.

K. PRESCRIPTIVE RIGHTS

PAs **must** comply with the following Georgia Medical Practice Act Rules and Regulations:

- **At all times while providing patient services, a PA shall have a signed job description submitted by his or her primary supervising physician and approved by the Georgia Composite Medical Board.**
- A PA may only order/prescribe drugs (excluding Schedule I controlled substances listed in OCGA § 16-13-25) and devices as authorized in the Board approved PA job description.
- Prescriptions must contain the name, address, and telephone number of the prescribing supervising physician **and the PA**, **a National Provider Identifier (NPI) number,** the name and address of the patient, the drug or device prescribed, the drug **name, strength, and quantity**, the number of refills, and directions to the patient for taking the drug.
- The PA must inform the patient of his/her right to see the physician prior to any prescription drug or device order being carried out by the PA.
- **The PA may not authorize refills of any drug for more than 12 months from the date of the original prescription drug or device order.**
- The **primary or alternate supervising** physician must personally evaluate the patient at least every 3 months if the patient is receiving controlled substances.
- **If a patient receives medical services from a PA more than twice in a 12 month period, the supervising or alternate supervising physician shall see the patient for at least one following visit during the same 12 month period.**

L. AUTHORIZING PRESCRIPTIONS FOR THE AIDS DRUG ASSISTANCE PROGRAM (ADAP)

In order to authorize prescriptions for ADAP, PAs must comply with the Georgia Department of Public Health Policy #PT-18002, Georgia ADAP Physician Assistant Provider Status Policy and Procedure (current edition).

M. KEY RESPONSIBILITIES

Key responsibilities of the PA may include:

- Comprehensive health assessments including the collection of historical and psychological data, physical examination, recognition of risk factors, and the use of diagnostic and/or screening techniques.
- Performing laboratory tests and collecting specimens.
- Conducting medication/adherence counseling, and monitoring.
- Providing health education/counseling.
- Treatment and management of health problems and diseases through pharmacological and non-pharmacological interventions.
- Making referrals.
- Collaborating with the multi-disciplinary team.
- Participating in quality improvement activities.
- Evaluating outcomes.

N. CONTINUING EDUCATION

Each PA must complete the continuing education requirements of his/her national certifying agency. Each PA must receive a minimum of 15 contact hours of HIV/AIDS continuing education per year through any method, which should include a minimum of 5 hours related to antiretroviral therapy. **In addition, each PA should have an annual update on prevention of occupational exposure to bloodborne pathogens.**

O. CLINICAL EVALUATION

The supervising physician must conduct chart reviews and assessment of the PA's clinical skills at least annually.

Except in facilities operated by the Department of Public Health, the primary or alternate supervising physician shall review the physician assistant's prescription drug or device orders and corresponding medical record entries within 30 days. This review may be achieved with a sampling of no less than 50 percent of the prescription drug or device orders and/or corresponding medical record entries. (OCGA § 43-34-103)

ADVANCED PRACTICE REGISTERED NURSES

A. LICENSURE

Each advanced practice registered nurse (APRN) must possess a valid and current license issued by the Georgia Board of Nursing (i.e., a Registered Professional Nurse authorized as a Nurse Practitioner). Verify licensure online at http://sos.ga.gov/index.php/licensing/plb/45 **and retain a paper copy of the internet verification in the supervisory file prior to employment and at least annually thereafter.**

B. CREDENTIALING

Each APRN must receive certification by a national certifying agent for advanced nursing practice (e.g., American Nurses Credentialing Center and/or the American Academy of Nurse Practitioners). In addition, each APRN is **strongly encouraged** to become certified as an AIDS Certified Registered Nurse (ACRN), and/or Advanced AIDS Certified Registered Nurse (AACRN), and/or may obtain certification granted by the American Academy of HIV Medicine (AAHIVM). Certification information is available at http://www.hancb.org/ and http://aahivm.org/.

C. GEORGIA MEDICAID AND OTHER THIRD PARTY PAYORS

APRNs must be enrolled as Georgia Medicaid providers in the Advanced Nurse Practitioner Services Program and follow Medicaid policies and procedures for the Program. **Each APRN is required to make every possible attempt to enroll as a Provider with area health insurance companies. Proof of enrollment (e.g., approval letter) should be available upon request.**

D. EMERGENCY MEDICAL RESPONSE

Each APRN must have, **at minimum**, current **BLS for Healthcare Providers** certification **OR hospital-based APRNs may follow their institution's policy (e.g., notify rapid response team).**

E. INITIAL HIV-RELATED TRAINING

Each APRN new to HIV and/or inexperienced in HIV/AIDS care must complete initial HIV-related training.

Note: There are graduate level nursing programs specializing in HIV/AIDS care, and HIV/AIDS-related specialized internships for APRNs. APRNs with specialty degrees and/or intensive experience should be given preferential consideration, and may not need most of the introductory training listed below. Documentation of specialty education, training, and internships should be placed in the personnel record.

Initial training should include the following topics:

- HIV/AIDS basics (e.g. HIV transmission, epidemiology, HIV immuno-pathogenesis).
- Current recommendations for initiating and managing antiretroviral therapy.
- Current recommendations for opportunistic infection (OI) prophylaxis therapy and other prevention methods.
- Common clinical manifestations of HIV infection including diagnosis and treatment.
- Treatment of HIV-infected women during pregnancy.
- Laboratory monitoring for HIV-infected adults.
- Overview of TB, and treatment of TB and latent TB infection in **people living with HIV**.
- Bloodborne pathogen occupational exposure prevention.
- HIV/AIDS-related legal issues.
- Sexually transmitted diseases (STD) overview.
- Women's health issues, especially abnormal Pap smear follow-up & birth control methods for HIV-infected women.
- Immunizations for HIV-infected adults and adolescents.

- Viral hepatitis, **including hepatitis B and C co-infection.**
- Pharmacology, specifically antiretroviral and other commonly used HIV/AIDS-related medications.
- Metabolic disorders related to HIV/AIDS (e.g. hyperglycemia and hyper-lipidemia).
- HIV counseling and testing.
- Risk reduction and prevention with HIV-infected patients.
- Nutrition and HIV/AIDS.
- Cultural competency.
- **HIV and aging.**
- **Hospice care/end of life issues.**
- **Adherence counseling in the HIV population.**
- **Post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).**

F. CLINIC ORIENTATION

Each APRN should complete a general clinic orientation with his/her supervisor, peers, and/or **delegating** physician including orientation to the clinic's policy and procedures.

G. PRECEPTORSHIP

Each APRN should have an individualized preceptorship period based on past experience, strengths, and needs. Documentation of the preceptorship, including that the APRN could satisfactorily perform the required clinical skills, must be placed in the personnel record prior to the APRN practicing under **either the Nurse Protocol Statute (O. C. G. A. § 43-34-23) or the Prescriptive Authority Statute (O.C.G.A. § 43-34-25).**

H. APRN PROTOCOLS UNDER THE NURSE PROTOCOL STATUTE

APRNs who are public health employees may practice under the Nurse Protocol Statute (O. C. G. A. § 43-34-23). APRNs must practice with written protocols which are developed/adapted by the APRN and delegating physician. Each APRN must work under HIV/AIDS-related protocols as well as primary care protocols. APRN protocols must be reviewed and signed annually by the

APRN and delegating physician. The delegating physician should be available for ongoing consultation and conduct chart reviews at regular intervals. **A sample agreement for public health APRNs working in HIV can be found in Appendix 2 of the Georgia Department of Public Health, Office of Nursing manual, *Nurse Protocols for Registered Professional Nurses In Public Health* available online at http://dph.georgia.gov/nurse-protocols.**

Note: The recommended HIV/AIDS-related ARNP protocols are the most current version of the HRSA manual entitled, Guide for HIV/AIDS Clinical Care.

I. PRESCRIPTIVE AUTHORITY

APRNs practicing under the Prescriptive Authority Statute (O.C.G.A. § 43-34-25), who are public health employees must comply with the Georgia Department of Public Health, Office of Nursing, *Nurse Protocol Agreements and Prescriptive Authority for Advanced Practice Registered Nurses* (current edition), available online at http://dph.georgia.gov/aprn-prescriptive-authority.

Note: The implementation of the Georgia Department of Public Health, Office of Nursing, *Nurse Protocol Agreements and Prescriptive Authority for Advanced Practice Registered Nurses* is determined by each district and may not be applicable to all public health APRNs.

All APRNs practicing under the Prescriptive Authority Statute (O.C.G.A. § 43-34-25) must comply with all applicable statutes and rules of the Georgia Composite Medical Board, the Georgia Board of Nursing and the Georgia Board of Pharmacy, which include the following:

- **The APRN must adhere to a written nurse protocol agreement which is dated and signed by the APRN, the delegating physician and any other designated physician(s).**
- **All nurse protocol agreements must be submitted for review to the Georgia Composite Medical Board by the physician for approval within thirty (30) days of execution.**
- **The APRN's area of practice shall be in the same or comparable specialty as that of the delegating physician.**
- **Nurse protocol agreements must be reviewed, revised or updated annually by the delegating physician and the APRN.**

- **Nurse protocol agreements must include a schedule for review of patient records by the delegating physician.**

- **Nurse protocol agreements must include the number of refills that may be ordered. APRNs cannot authorize refills of any drug for more than 12 months from the date of the original order, except for oral contraceptives, prenatal vitamins and hormone replacement therapy, which may be refilled for 24 months.**

- **The APRN must document preparation and performance specific to each medical act authorized by the written nurse protocol agreement.**

- **The APRN must receive pharmacology training appropriate to the delegating physician's scope of practice at least annually. Documentation must be maintained by the delegating physician.**

- **Prescription drug orders issued by an APRN must include the following:**
  - **Name, address, and telephone number of the delegating physician;**
  - **The name, address and telephone number of the APRN, NPI number and the APRN's DEA number, if applicable;**
  - **The date the prescription was issued;**
  - **The name and address of the patient;**
  - **The drug name, strength and quantity prescribed;**
  - **The directions to the patient with regard to how the medication is to be administered;**
  - **The number of authorized refills, if any;**
  - **Such prescription drug order form shall only be valid if signed by the APRN.**

- **The APRN must give the patient a phone number (in writing) to call in case the patient has any questions regarding the prescription after regular business/clinic hours.**

J. AUTHORIZING PRESCRIPTIONS FOR THE AIDS DRUG ASSISTANCE PROGRAM (ADAP)

APRNs practicing under the Prescriptive Authority Statute (O.C.G.A. § 43-34-25), who are public health employees must comply with the Georgia Department of Public Health, Office of Nursing, *Nurse Protocol Agreements and Prescriptive Authority for Advanced Practice Registered Nurses* (current edition), available online at http://dph.georgia.gov/aprn-prescriptive-authority. Section I. is specific to APRNs working in HIV and includes the process for public health APRNs to authorize prescriptions for the AIDS Drug Assistance Program (ADAP).

APRNs practicing under the Prescriptive Authority Statute (O.C.G.A. § 43-34-25) who are not public health employees must comply with the Georgia

Department of Public Health Policy #PT-18001, Georgia ADAP APRN Prescriptive Authority for APRNs Not Employed by Public Health Policy and Procedure (current edition).

K. KEY RESPONSIBILITIES

Key responsibilities of the APRN may include:

- Comprehensive health assessments including the collection of historical and psychosocial data, physical examination, recognition of risk factors, and the use of diagnostic and/or screening techniques.
- Performing laboratory tests and collecting specimens.
- Conducting medication/adherence counseling, and monitoring.
- Providing health education/counseling.
- Treatment and management of health problems and diseases through pharmacological and nonpharmacological interventions.
- Making referrals.
- Collaborating with the multi-disciplinary team.
- Participating in quality improvement activities.
- Evaluating outcomes.

L. CONTINUING EDUCATION

Each APRN must complete the continuing education requirements of his/her national certifying agency and must receive a minimum of 15 contact hours of HIV/AIDS continuing education per year through any method, which should include a minimum of 5 hours related to antiretroviral therapy. **In addition, each APRN should have an annual update on prevention of occupational exposure to bloodborne pathogens.**

M. CLINICAL EVALUATION

APRNs practicing under the Prescriptive Authority Statute (O.C.G.A. § 43-34-25) must comply with the Georgia Composite Medical Board schedule for review of patient records by the delegating physician. Minimum standards include:

- **100% of patient records for patients receiving prescriptions for controlled substances, which shall occur at least quarterly after issuance of such prescription.**

- **100% of patient records in which an adverse outcome has occurred. Such review shall occur within 30 days after the discovery of an adverse outcome.**
- **10% of all other patient records. The delegating physician shall sign all of these records and Public Health requires such review shall occur at least quarterly.**

APRNs practicing under the Nurse Protocol Statute (O. C. G. A. § 43-34-23) must comply with the Georgia Department of Public Health, Office of Nursing publication, *Quality Assurance/Quality Improvement for Public Health Nursing Manual* (current edition). Tools are located in the manual to document training, preparation and clinical evaluation for practicing under nurse protocol.

REGISTERED PROFESSIONAL NURSES

A. LICENSURE

Each registered professional nurse (RN) must possess a valid and current license issued by the Georgia Board of Nursing. Verify licensure online at http://sos.ga.gov/index.php/licensing/plb/45 **and retain a paper copy of the internet verification in the supervisory file prior to employment and at least annually thereafter.**

B. EMERGENCY MEDICAL RESPONSE

Each RN must have, **at minimum**, current **BLS for Healthcare Providers** certification **OR hospital-based RNs may follow their institution's policy (e.g., notify rapid response team).**

C. CREDENTIALING

Each RN is **strongly encouraged** to become certified as an AIDS Certified Registered Nurse (ACRN). **Each clinic is strongly encouraged** to have at least one RN with 2-5 years recent professional experience in HIV/AIDS care. Certification information is available online at http://www.hancb.org/.

D. INITIAL TRAINING

Each RN must complete initial HIV/AIDS-related training. RNs with experience in HIV/AIDS care may not need all of the following initial training, but should have appropriate documentation in his/her personnel record. Initial training should include the following topics:

- HIV/AIDS basics (e.g. HIV transmission, epidemiology, HIV immuno-pathogenesis).
- Current recommendations for initiating and managing antiretroviral therapy.
- Current recommendations for OI prophylaxis therapy and other prevention methods.
- Common clinical manifestations of HIV infection including diagnosis and treatment.
- Treatment of HIV-infected women during pregnancy.
- Laboratory monitoring for HIV-infected adults.
- Overview of TB, treatment of TB and latent TB infection in **people living with HIV**.
- Bloodborne pathogen occupational exposure prevention.
- HIV/AIDS-related legal issues.
- STD overview.
- Women's health issues, including abnormal Pap smear follow-up & birth control methods for HIV-infected women.
- Immunizations for HIV-infected adults and adolescents.
- Viral hepatitis, **including hepatitis B and C co-infection.**
- Pharmacology, specifically antiretroviral and other commonly used HIV/AIDS-related medications.
- Metabolic disorders related to HIV/AIDS (e.g. hyperglycemia and hyper-lipidemia).
- HIV counseling and testing.
- Risk reduction and prevention with HIV-infected patients.
- Nutrition and HIV/AIDS.
- Cultural competency.
- **HIV and aging.**

- **Hospice care/end of life issues.**
- **Adherence counseling in the HIV population.**
- **Post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).**

E. CLINIC ORIENTATION

Each RN should complete a general clinic orientation with his/her supervisor, peers, and/or supporting physician, including orientation to the clinic's policies and procedures.

F. PRECEPTORSHIP

Each RN should have an individualized preceptorship period based on past experience, strengths, and needs. Documentation of the preceptorship, including that the RN could satisfactorily perform the required clinical skills, should be placed in the personnel record.

G. TUBERCULIN SKIN TEST CERTIFICATION

All RNs who administer tuberculin skin testing (TST by the Mantoux method) should attend the Georgia Department of Public Health, Tuberculosis Program's TB Update and Skin Test Certification Workshop.

H. PUBLIC HEALTH NURSE PROTOCOLS

Public health nurses may function under the HIV/AIDS-Related Nurse Protocols located in the Georgia Department of Public Health, Office of Nursing manual, *Nurse Protocols for Registered Professional Nurses In Public Health* available online at **http://dph.georgia.gov/nurse-protocols.**

RNs practicing under the Nurse Protocol Statute (O. C. G. A. § 43-34-23) must comply with the Georgia Department of Public Health, Office of Nursing publication, *Quality Assurance/Quality Improvement for Public Health Nursing Manual* (current edition). Tools are located in the manual to document training, preparation and evaluation for practicing under nurse protocol.

I. KEY RESPONSIBILITIES

Key responsibilities of the RN may include:

- Conducting psychosocial assessments.
- Performing physical examinations.
- Performing laboratory tests and collecting specimens.
- Conducting medication/adherence counseling, and monitoring.
- Providing case management or care coordination.
- Providing health education/counseling.
- Administering medications and/or immunizations.
- Making referrals.
- Collaborating with the multi-disciplinary team.
- Participating in quality improvement activities.
- Evaluating outcomes.
- Functioning under nurse protocols and performing certain delegated medical acts (e.g., ordering diagnostic studies, and ordering and dispensing medications).

J. CONTINUING EDUCATION

Each RN must receive a minimum of 10 **contact** hours of HIV/AIDS continuing education per year through any method. **In addition, each RN should have an annual update on prevention of occupational exposure to bloodborne pathogens.**

K. CLINICAL EVALUATION

The physician, **supervisor** and/or clinical peer must conduct an assessment of the RN's clinical skills at least annually.

RNs practicing under the Nurse Protocol Statute (O. C. G. A. § 43-34-23) must comply with the Georgia Department of Public Health, Office of Nursing publication, *Quality Assurance/Quality Improvement for Public Health Nursing Manual* (current edition). Tools are located in the manual to document training, preparation and evaluation for practicing under nurse protocol.

LICENSED PRACTICAL NURSES (LPN)

A. LICENSURE

Each licensed practical nurse (LPN) must possess a valid and current license issued by the Georgia Board of Nursing. Verify licensure online at http://sos.ga.gov/index.php/licensing/plb/45 **and retain a paper copy of the internet verification in the supervisory file prior to employment and at least annually thereafter.**

B. SCOPE OF PRACTICE

LPNs must provide health care under the supervision of a practicing physician, dentist, podiatrist, or RN in accordance with Georgia law (O.C.G.A. §43-26-32).

C. EMERGENCY MEDICAL RESPONSE

Each LPN must have, **at minimum**, current **BLS for Healthcare Providers** certification **OR hospital-based LPNs may follow their institution's policy (e.g., notify rapid response team).**

D. INITIAL HIV/AIDS-RELATED TRAINING

Each LPN must complete initial HIV/AIDS-related training. LPNs experienced in HIV/AIDS care may not need all of the following initial training, but should have appropriate documentation in his/her personnel record. Initial training should include the following topics:

- HIV/AIDS basics (e.g. HIV transmission, epidemiology, HIV immuno-pathogenesis).
- Overview of current antiretroviral therapy including dosing, schedule, drug storage and handling, and side effects.
- Overview of current OI prophylaxis therapy and other prevention methods.
- Overview of common clinical manifestations of HIV/AIDS.
- Laboratory monitoring for HIV-infected adults.
- Overview of TB, and treatment of TB and latent TB infection in **people living with HIV**.
- Bloodborne pathogen occupational exposure prevention.
- HIV/AIDS-related legal issues.

- STD overview.
- Immunizations for HIV-infected adults and adolescents.
- Overview of viral hepatitis, **including hepatitis B and C co-infection.**
- Overview of metabolic disorders related to HIV/AIDS (e.g. hyperglycemia and hyperlipidemia).
- HIV counseling and testing.
- Risk reduction and prevention with HIV-infected patients.
- Nutrition and HIV/AIDS.
- Cultural competency.
- **HIV and aging.**
- **Hospice care/end of life issues.**
- **Adherence counseling in the HIV population.**
- **Post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).**

E. TUBERCULIN SKIN TEST CERTIFICATION

All LPNs who administer tuberculin skin testing (TST by the Mantoux method) should attend the Georgia Department of Public Health, Tuberculosis Program's Tuberculosis Update and Tuberculin Skin Test Certification Workshop.

F. CLINIC ORIENTATION

Each LPN should complete a general clinic orientation with his/her supervisor, peers, and/or supporting physician, including orientation to the clinic's policies and procedures.

G. PRECEPTORSHIP

Each LPN should have an individualized preceptorship period based on past experience, strengths, needs, and current job duties. The following skills must be assessed and documented in the personnel record: interviewing, counseling, height and weight measurements, obtaining vital signs, laboratory specimen collection, performing laboratory tests and/or procedures (e.g. urine dipstick, pregnancy test, Pulse Ox, glucometer and EKG), TB skin testing, administering immunizations and medications, and other skills as indicated.

H. KEY RESPONSIBILITIES

Key responsibilities of the LPN may include:

- Participating in the assessment, planning, implementation, and evaluation of health care services.
- Obtaining height and weight measurements, and vital signs.
- Performing laboratory tests and/or procedures.
- Collecting specimens.
- Assisting with medication/adherence counseling, and monitoring.
- Assisting with case management or care coordination.
- Providing health education/counseling.
- Administering medications and/or immunizations.
- Collaborating with the multi-disciplinary team.
- Participating in quality improvement activities.
- Maintaining appropriate written documentation.
- Checking and maintaining equipment, supplies, and clinic materials.

I. CONTINUING EDUCATION

Each LPN must receive a minimum of 10 hours of HIV/AIDS continuing education per year through any method. In addition, each LPN should have an annual update on prevention of occupational exposure to bloodborne pathogens.

J. CLINICAL EVALUATION

The physician, APRN, RN, **supervisor**, and/or clinical peer must conduct chart reviews and assessment of the LPN's clinical skills at least annually.

REGISTERED DIETITIANS

The American Dietetic Association (ADA) recommends a registered dietitian (RD) as the medical nutrition therapy provider for HIV-infected persons.

A. LICENSURE

Currently licensed in Georgia by the Georgia Board of Examiners of Licensed Dietitians. Verify licensure online at http://sos.ga.gov/index.php/licensing/plb/19 **and retain a paper copy of the internet verification in the supervisory file prior to employment and at least annually thereafter.**

B. CREDENTIALING

Each dietitian must receive certification as a Registered Dietitian by the Commission on Dietetic Registration of the American Dietetic Association.

C. INITIAL TRAINING

- Baccalaureate or higher degree in nutrition/dietetics and related sciences.
- Completion of a documented, supervised preceptorship in dietetic practice of ≥ 900 hours with a licensed or registered dietitian.
- Current knowledge of scientific principles and practices of normal and therapeutic clinical nutrition and dietetics, **especially as it pertains to the HIV population.**

D. EMERGENCY MEDICAL RESPONSE

Each RD must have, **at minimum**, current **BLS for Healthcare Providers** certification **OR hospital-based RDs may follow their institution's policy (e.g., notify rapid response team).**

E. HIV-RELATED QUALIFICATIONS

- It is highly recommended that the RD be a member of the **Academy of Nutrition and Dietetics, Medical Nutrition Practice Group, Infectious Disease Nutrition Sub-Unit.**
- Each RD inexperienced in HIV/AIDS care must complete initial HIV-related education. Initial training should include:
  - HIV/AIDS basics
  - HIV-related medical and pharmacological therapies
  - Common clinical manifestations of HIV/AIDS
  - Laboratory monitoring for HIV-infected adults

  - Overview of metabolic disorders related to HIV/AIDS
  - Nutrition and HIV

- Each RD should have a preceptorship and/or ongoing consultation with an RD experienced in HIV care.

- The RD should receive at least 10 HIV-related continuing education hours per year through attendance at HIV-related continuing education programs (especially those related to HIV and nutrition) or through other methods.

F. KEY RESPONSIBILITIES

Key responsibilities of the RD may include:

- Working as a member of the HIV medical care team.

- Evaluating nutritional status based on appropriate biochemical, anthropometric, physical, and dietary data, and providing nutritional care/therapies.

- Utilizing current HIV medical nutritional therapy protocols and other evidence based guidelines.

- Coordinating services for medically and nutritionally high-risk patients through case management and care coordination.

- Educating clinic personnel, patients, and the community about nutrition and dietetics as needed.

- Maintaining appropriate written documentation.

- Participating in quality improvement activities.

RESOURCES

American Academy of HIV Medicine, http://aahivm.org/

American Academy of Nurse Practitioners Certification Program, http://www.aanpcert.org

American Academy of Physician Assistants, http://www.aapa.org/

American Association of Nurse Practitioners, http://www.aanp.org

American Nurses Credentialing Center, http://www.nursecredentialing.org

Dangerous Drug Act, O.C.G.A. § 16-13, Article 3

DHHS HIV-related Guidelines, http://aidsinfo.nih.gov/ (current edition).

National Commission on Certified Physician Assistants, http://www.nccpa.net/

Georgia Board of Examiners of Licensed Dietitians, http://sos.ga.gov/index.php/licensing/plb/19

Georgia Board of Pharmacy Rules and Regulations,
http://rules.sos.state.ga.us/pages/GEORGIA_STATE_BOARD_OF_PHARMACY/index.html

Georgia Composite Medical Board Physician's Assistant Rules §360-5
http://rules.sos.state.ga.us/.

Georgia Department of Public Health, Office of Nursing, "Nurse Protocol Agreements and Prescriptive Authority for Advanced Practice Registered Nurses"
http://dph.georgia.gov/sites/dph.georgia.gov/files/APRNPrescriptiveAuthorityToolkit.pdf
(current edition).

Georgia Department of Public Health, Office of Nursing, "Nurse Protocols For Registered Nurses In Public Health," http://dph.georgia.gov/resourcesformsmanuals (current edition).

Georgia Department of Public Health, Office of Nursing, "Quality Assurance/Quality Improvement For Public Health Nursing Practice Manual," (current edition).
http://dph.georgia.gov/resourcesformsmanuals

Georgia APRN Prescriptive Authority Statute O.C.G.A. § 43-34-25.

Georgia Dietetics Practice Act, O.C.G.A. § 43-11A.

Georgia Medical Practice Act, O.C.G.A. § 43-34.

Georgia Pharmacy Practice Act, O.C.G.A. § 26-4.

Georgia Physician's Assistant Act, O.C.G.A. § 43-34-100 to 108.

Georgia Practical Nurses Practice Act, O.C.G.A. § 43-26-30 to 43.

Georgia Registered Professional Nurse Practice Act, O.C.G.A. § 43-26-1 to 12.

HIV/AIDS Nursing Certification Board, AIDS Certified Registered Nurse
http://www.hancb.org/Index/index.php

HRSA, Guide for HIV/AIDS Clinical Care, https://careacttarget.org/library/hrsas-guide-hivaids-clinical-care-updated (current edition).

Infectious Disease Society of America, http://www.idsociety.org

Rules of the Georgia Board of Examiners of Licensed Practical Nurses, Chapter 400

Rules of the Georgia Board of Nursing, Chapter 410

APPENDIX A.

Summary of Selected Georgia Laws Regarding HIV/AIDS Issues

1. **Definitions**

- **Most definitions related to Georgia's HIV/AIDS laws are found in a single statute.** Although that statute is entitled "HIV tests -- Who may perform test" and it provides information about HIV testing, it also defines AIDS Confidential Information (ACI), AIDS transmitting crime, Counseling, Health care facility, Health care provider, and many other terms used in Georgia's HIV/AIDS laws. O.C.G.A. § 31-22-9.1

    - Under this statute, **AIDS confidential information (ACI)** is information which discloses that a person:
      (A) Has been diagnosed as having AIDS;
      (B) Has been or is being treated for AIDS;
      (C) Has been determined to be infected with HIV;
      (D) Has submitted to an HIV test;
      (E) Has had a positive or negative result from an HIV test;
      (F) Has sought and received counseling regarding AIDS; or
      (G) Has been determined to be a person at risk of being infected with AIDS;
      and which permits the identification of that person.

- Other statutes provide definitions related to Georgia's HIV/AIDS laws. For example, **HIV is a "bloodborne pathogen"** under O.C.G.A. § 31-12-13 and **HIV is contagious, infectious, communicable, and extremely dangerous to the public health** under O.C.G.A. § 31-17A-1. It is interesting to note that this definition of HIV is almost identical to the definition of venereal diseases such as syphilis, gonorrhea, and chancroid as found at O.C.G.A. § 31-17-1. This similarity supports the position that minors may consent to HIV testing and treatment, which is explained in greater detail in section number four of this summary.

2. **Confidentiality and Disclosure of HIV/AIDS Information**

- **AIDS confidential information (ACI) shall not be disclosed except as otherwise provided.** Georgia law makes the confidentiality requirements for the disclosure of ACI more stringent than for those of other medical information.

- ACI as defined in O.C.G.A § 31-22-9.1 and disclosed or discovered within the patient-physician relationship shall be confidential and shall not be disclosed except as otherwise provided in O.C.G.A. § 24-12-21 (see below regarding some of those exceptions).

- A person's written consent is required to disclose ACI unless the disclosure is otherwise authorized or required by law. No person or legal entity which receives ACI pursuant to Georgia law or which is responsible for recording, reporting, or maintaining ACI shall intentionally or knowingly disclose that information to another person or legal entity; or be compelled by subpoena, court order, or other judicial process to disclose that information to another person or legal entity. O.C.G.A. § 24-12-21.

- **Permitted and required disclosures of a person's ACI without that person's consent.** There are many exceptions that permit or require disclosure of ACI without a person's written consent. O.C.G.A. § 24-12-21 lists numerous exceptions to the general confidentiality requirement. For example, under the statute, when the patient of a physician has been determined to be infected with HIV and that patient's physician reasonably believes that the spouse or sexual partner or any child of the patient, spouse, or sexual partner is a person at risk of being infected with HIV by that patient, the physician may disclose to that spouse, sexual partner, or child that the patient has been determined to be infected with HIV, after first attempting to notify the patient that such disclosure is going to be made.

  O.C.G.A. § 24-12-21(h) was amended in 2014, effective July 1, 2014, to allow the Department of Public Health to disclose AIDS confidential information regarding a person who has been reported to be infected with HIV to a licensed health care provider whom that person has consulted for medical treatment or advice.

  O.C.G.A. § 24-12-21 is approximately 10 pages long so it is not fully summarized in this document and it should be reviewed to determine whether a disclosure is permitted or required.

  Some criminal statutes require disclosure to victims of AIDS transmitting crimes, the criminal court, and the penal institution or other facility. O.C.G.A. § 17-10-15; O.C.G.A. § 15-11-66.1.

  HIV+ person's mandatory self-disclosure to partners. Persons living with HIV/AIDS must disclose their infection status to another person prior to engaging in sexual activity or sharing injection drug needles with that other

person. Failure to disclose is a felony. O.C.G.A. § 16-5-60. It is irrelevant whether the other person is already HIV+, whether safe sex practices were used, or whether the risk of transmission is zero.

Confidentiality of Medical Information in General

- **HIPAA** preempts conflicting state law unless that state law gives the patient a greater degree of confidentiality than the protection provided by HIPAA. HIPAA applies only to covered entities. HIPAA is regulated by the HHS Office for Civil Rights. More information may be found in the HIPAA regulations, 45 CFR 164.501, and at http://www.hhs.gov/ocr/hipaa.

- **Other Georgia laws** such as O.C.G.A. § 31-33-1 through 31-33-8 regarding Health Records, and O.C.G.A. § 31-17-1 through 31-17-8 regarding venereal diseases, have confidentiality and disclosure provisions.

3. **HIV testing**

- **Pre-test and post-test counseling.** All individuals must be counseled before and after being tested for HIV, but there are exceptions. O.C.G.A. § 31-22-9.1(a)(6); O.C.G.A. § 31-22-9.2.

- **The Georgia DPH and its agents may administer an HIV test with or without a person's consent.** The authorized agent or agents of the Department of Public Health are directed and empowered, when in their judgment it is necessary to protect the public health, to make examinations of persons infected or suspected of being infected with HIV and to administer an HIV test with the consent of the person being tested. In the event the person infected or suspected of being infected with HIV refuses to consent to the administration of an HIV test, the authorized agent or agents of the Department of Public Health are authorized to petition the court for an order authorizing the administration of an HIV test. O.C.G.A. § 31-17A-2.

- **Testing for HIV during pregnancy and at the time of delivery.** Every physician and health care provider who assumes responsibility for the prenatal care of pregnant women during gestation and at delivery shall be required to test pregnant women for HIV except in cases where the woman refuses the testing. If at the time of delivery there is no written evidence that an HIV test has been performed, the physician or other health care provider in attendance at the delivery shall order that a sample of the woman's blood be taken or a rapid oral test administered at the time of the delivery except in cases where the woman refuses the testing. A pregnant woman shall submit to an HIV test unless she specifically declines. O.C.G.A. § 31-17-4.2.

- **Mandatory HIV testing for AIDS transmitting crime by an adult.** Upon a verdict or plea of guilty or a plea of nolo contendere to any AIDS transmitting crime, the court in which that verdict is returned or plea entered shall require the defendant to submit to an HIV test within 45 days following the date of such verdict or plea. O.C.G.A. § 17-10-15.

- **Permissive HIV testing for AIDS transmitting crime by a child.** The court may in its discretion and after conferring with the director of the health district, as such officer is provided for in Code § 31-3-15, order that child to submit to an HIV test within 45 days following an adjudication of delinquency. O.C.G.A. § 15-11-66.1.

4. **Consent by unemancipated minors to HIV testing and treatment**

- **It is unclear under Georgia law whether an unemancipated minor may consent to HIV testing and treatment without the consent of a parent or guardian. However, if presented with the question, the courts would likely find that an unemancipated minor may consent to HIV testing and treatment without the consent of a parent or guardian.**

  Georgia statutes define a minor as a person younger than 18 years of age. Unemancipated minors do not have the authority to consent to health care treatment in general, but may consent under specific exceptions such as for the testing and treatment of a venereal disease. Novak v. Cobb County-Kennestone Hospital Authority, 849 F. Supp. 1559 (N.D. Ga. 1994), aff'd 74 F.3d 1173 (11th Cir. 1996).

  Georgia statutes permit a minor afflicted with venereal disease to consent to testing and treatment for conditions arising out of that venereal disease. The consent … by a minor who is or professes to be afflicted with a venereal disease, shall be as valid and binding as if the minor had achieved his majority, provided that any such treatment shall involve procedures and therapy related to conditions arising out of the venereal disease which gave rise to the consent. O.C.G.A. § 31-17-7.

  HIV is likely a venereal disease under Georgia law. The statutory definitions of HIV and of venereal diseases are virtually identical and found in adjacent chapters of the Georgia Code. The only difference between the two definitions is the addition of the word "extremely" in the definition of HIV: HIV is contagious, infectious, communicable, and extremely dangerous to the public health. Furthermore, a Georgia case expanded Georgia's definition of venereal disease to include Herpes, and that case indicated that AIDS would also be considered a venereal disease. Long v. Adams,175 Ga. App. 538; 333 S.E.2d 852 (1985).

Therefore, because (1) a minor may consent to testing and treatment of a venereal disease, (2) the statutory definitions of HIV and venereal disease are virtually identical and found in adjacent chapters of the Georgia Code, and (3) Georgia courts indicate that AIDS is a venereal disease, it is reasonable to conclude that an unemancipated minor in Georgia may consent to HIV testing and treatment for HIV, and conditions arising out of the HIV, without the consent of a parent or guardian.

- **Confidentiality and Disclosure of a Minor's Health Information.** Under the Georgia statute that allows a minor to consent to testing and treatment for a venereal disease, a member of the medical staff of a hospital or public clinic or a physician licensed to practice medicine and surgery may, but shall not be obligated to, inform the spouse, parent, custodian, or guardian of any such minor as to the treatment given or needed. Such information may be given to or withheld from the spouse, parent, custodian, or guardian without the consent of the minor patient and even over the express refusal of the minor patient to the providing of such information.

  Georgia statutes treat privacy and confidentiality of a minor's HIV medical information differently than they treat venereal disease information and it is unclear which legal standard should apply to that information. As noted above, O.C.G.A. § 24-12-21 addresses mandatory and permissive disclosure of HIV/AIDS information. Under O.C.G.A. § 24-12-21:

  > (c), AIDS confidential information shall be disclosed to the person identified by that information or, if that person is a minor or incompetent person, to that person's parent or legal guardian.
  >
  > (d) AIDS confidential information shall be disclosed to any person or legal entity designated to receive that information when that designation is made in writing by the person identified by that information or, if that person is a minor or incompetent person, by that person's parent or legal guardian.
  >
  > (e) AIDS confidential information shall be disclosed to any agency or department of the federal government, this state, or any political subdivision of this state if that information is authorized or required by law to be reported to that agency or department.

(f) The results of an HIV test shall be disclosed to the person, or that person's designated representative, who ordered such tests of the body fluids or tissue of another person.

(g) When the patient of a physician has been determined to be infected with HIV and that patient's physician reasonably believes that the spouse or sexual partner or any child of the patient, spouse, or sexual partner is a person at risk of being infected with HIV by that patient, the physician may disclose to that spouse, sexual partner, or child that the patient has been determined to be infected with HIV, after first attempting to notify the patient that such disclosure is going to be made.
…

(k) When any person or legal entity is authorized or required by this Code section or any other law to disclose AIDS confidential information to a person at risk of being infected with HIV and that person at risk is a minor or incompetent person, such disclosure may be made to any parent or legal guardian of the minor or incompetent person, to the minor or incompetent person, or to both the minor or incompetent person and any parent or legal guardian thereof.

As noted above, O.C.G.A. § 24-12-21 is approximately 10 pages long so it is not fully summarized in this document and it should be reviewed to determine whether a disclosure is permitted or required.

5. **Infected Healthcare workers**

- **Denial of licenses - discipline of physicians.** O.C.G.A.§ 43-34-37 Unprofessional conduct for a physician includes failing to conform to the recommendation of the CDC for preventing transmission of the HIV, Hepatitis B and C Virus and Tuberculosis to patients during exposure-prone invasive procedures. See Recommendations for Preventing Transmission of HIV and HBV to Patients during Exposure Prone Invasive Procedures, 40 MMWR. No. RR-8, 5 (1991). HCWs who are infected with HIV should not perform exposure-prone procedures unless they have sought counsel from an expert review panel [ERP] and been advised under what circumstances, if any, they may continue to perform these procedures.

6. **Healthcare workers and Occupational Exposures**

- **Blood borne pathogen standard** governing occupational exposure of public employees. O.C.G.A. § 31-12-13.

APPENDIX B.

Georgia Laws Related to the Right of a Minor to Obtain Medical Care without Consent or Knowledge of Parents

The General Rule

The general rule is that a person under 18 years of age cannot consent to or refuse medical care. The consent of the minor's parent or legal guardian is required to obtain or refuse medical care for a minor. [O.C.G.A. §§ 31-9-2(a) and 31-9-7]

Exceptions To The General Rule

Emancipation

Parental consent is not required to provide "preventative" medical care to a minor who is "emancipated." [O.C.G.A. § 15-11-720] There are four ways for a minor to become emancipated under Georgia law:

- A minor is emancipated upon being validly married;
- A minor is emancipated while serving on active duty with the United States armed forces;
- A minor is emancipated upon reaching the age of 18; and
- A minor is emancipated when a court order of emancipation is issued by a juvenile court.

NOTE: A minor does **not** become emancipated when charged with a criminal act, or when a minor female becomes pregnant, or when a minor enters the US without parents. Also, Georgia does not recognize the theory that a "mature minor" may consent or refuse medical treatment.]*Novak v. Cobb County-Kennestone Hosp. Auth., 849 F. Supp. 1559, 1576 (N.D. Ga. 1994) affirmed 74 F.3d 1173 (11th Cir. 1996)*]

Emergency Situations

Parental consent is not required to provide medical care in an emergency, defined as a situation in which treatment is reasonably necessary and delay to obtain consent from the parent could reasonably be expected to jeopardize health or life, or result in disfigurement or impairment. [O.C.G.A. 31-9-3(a)]

- Abortion and sterilization are not considered emergency situations. [O.C.G.A. 31-9-5]

Guardians

Parental consent is not required if a guardian consents for the minor. [O.C.G.A. 31-9-2(a)(4)] Several types of guardians are recognized under Georgia law, including court-appointed guardians. [*See, e.g.*, O.C.G.A. § 29-4-18 (court-appointed "temporary medical consent guardian")]

- Georgia law also permits consent to be given by "any person temporarily standing *in loco parentis* (formally serving or not) for the minor under his or her care." [O.C.G.A. 31-9-2(a)(4)] "In loco parentis" means an adult is acting in place of the parents, but who does not necessarily have a court appointment. An example would be someone taking care of a child whose parents reside in another country.

Pregnancy and Birth Control

Parental consent is not required to provide treatment to a female of any age "in connection with pregnancy, or the prevention thereof, or childbirth." [O.C.G.A. 31-9-6(a)(5)] This includes birth control measures such as birth control pills and IUDs. However, it does not include abortion or sterilization. [O.C.G.A. 31-9-5]

Sexually Transmitted Disease (STDs)

Parental consent is not required to test or treat a minor for venereal disease, including HIV/AIDS. [O.C.G.A. §§ 31-17-3 and 31-17-7]

[Georgia Department of Public Health, revised 8.2014]