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South Carolina House of Representatives

# Legislative Update & Research Reports

**Robert J. Sheheen, Speaker of the House**

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## House Week in Review

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The opening week of the 1988 legislative session got off to a quick start for House members as they tackled bills set for special order left on the House calendar from last year's session.

More than 150 prefiled bills and close to 100 new bills were introduced last week and assigned to committees. On opening day, it took more than an hour for all the prefiled bills and newly introduced bills to be given their official first reading and committee referrals.

One of the first orders of business was the swearing-in of four new House members by Speaker Robert Sheheen. New House members and their committees are: District 32 Rep. Derham Cole, R-Spartanburg, assigned to the Agriculture and Natural Resources Committee; District 35 Rep. Stephen Lanford, R-Spartanburg, assigned to the Medical, Military, Public and Municipal Affairs Committee; District 51 Rep. Paul Burch, D-Chesterfield, assigned to the Judiciary Committee, and District 71 Rep. Alva Humphries, R-Richland, assigned to the Agriculture and Natural Resources Committee.

### Budget Vetoes Sustained

The House unanimously sustained all 277 gubernatorial vetoes to the 1987-88 State Budget after hearing a report from House Ways and Means Committee Chairman Rep. Robert McLellan, D-Oconee, on the shortage of state revenues for the current fiscal year.

McLellan pointed out that revenue projections are now \$7.5 million short of funding the current fiscal year's appropriations. If the vetoes were overridden, this projected revenue shortfall would grow to \$24.5 million, thereby compounding the problem.

In addition, he said the Board of Economic Advisors, while anticipating no recession this year, did not see any strength in the economy and is cautioning state leaders about a possible slowdown of consumer spending and the subsequent impact on state revenues. On a voice vote, the House agreed to sustain the vetoes.

### Changes in the Legislative Process

House members also rejected legislation that would shorten the legislative session by a month. By a vote of 66-50, the House voted to table H.2550, which would amend the State Constitution so that the General Assembly would convene on the second Tuesday in February instead of the second Tuesday in January.

However, on another legislative issue, the House gave final approval to H.2549, which would speed up the budgetary process. The House approved the bill after eliminating language that would move up the legislative adjournment date from the first Thursday in June to the second Thursday in May.

Under the bill, now sent to the Senate for consideration, the state Board of Economic Advisors would make its initial forecast of economic conditions no later than Oct. 15. Any subsequent adjustments could be only downwards with the final forecast issued Feb. 15.

H.2549 also calls for state agencies to submit their spending requests one month earlier -- Oct. 1 instead of Nov. 1. And the legislation would have the two legislative budget committees -- the House Ways and Means Committee and Senate Finance Committee -- meet in early December to start work on the State Budget.

### Sheriff's Qualifications and Social Workers

In other action, the House also gave second reading approval to a joint resolution that would change the Constitution to allow the Legislature to set in law the qualifications for sheriffs. In enacted, the resolution would send the question to the voters to be considered as a statewide referendum during next November's general election.

The House also gave final approval to legislation that would more stringently regulate social workers in South Carolina. The bill eliminates the old Board of Social Worker Registration and defines the qualifications of those who may be licensed in one of three professional social work categories. The bill now goes to the Senate for consideration.

### SLED Chief J.P. Strom Remembered

On the opening day of the session, the House adjourned in memory of long-time SLED Chief J.P. "Pete" Strom, who died in December, but not before approving a concurrent resolution expressing sympathy to Strom's family. The resolution, also approved last week by the Senate, saluted Strom for the advancements he made in law enforcement in South Carolina and for his long and distinguished career. After approving the resolution, the House stood in silent prayer in memory of the late Chief Strom.

## Legislation Introduced

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Here is a sampling of bills introduced in the House during the previous week of the legislative session. Not all the House bills introduced are featured here. The bills are divided by the standing committee to which they were referred.

### *Agriculture and Natural Resources Committee*

Live Wolves (H.3455, Rep. McEachin). This bill would make it unlawful to sell, import or ship live wolves into South Carolina. The only exception would be for exhibition purposes as approved by the state Department of Wildlife and Marine Resources.

Wildlife experts say wolves are considered threatened or endangered species, and they are extinct in South Carolina. The only wolves now in the state are red wolves which were released for breeding purposes at the Cape Romain Wildlife Sanctuary.

### *Education and Public Works Committee*

Auto Insurance Rate Brochure (H.3483, Rep. J. Bradley). This bill would require the state Highway Department to include in the department's license and registration renewal package a state-prepared brochure comparing automobile insurance rates. The brochure, which would be prepared by the state Insurance Department, would "list and compare the rates of automobile insurers doing business in South Carolina."

Highway Project Announcements (H.3518, Rep. Rudnick). This legislation would require the State Highway Department to give at least semiannual reports to the public on highway projects of \$100,000 or more. These progress reports must be published in the newspaper in the county or counties where the project is located.

School Bus Driver Training (H.3538, Rep. Aydlette). School bus drivers would undertake extensive training under this legislation. The training, which would be developed by the State Board of

Education, must include at least four hours of behind the wheel training; at least 6 hours of classroom instruction including defensive driving techniques, first aid and pupil behavior management, and at least 10 hours of behind the wheel training in a loaded bus under the supervision of a certified bus driver.

In addition, in-service training in driver supervision and safety would be required of all principals, assistant principals, district transportation supervisors and any other school employees responsible for bus drivers.

#### Judiciary Committee

Juror Polling (H.3487, Rep. Davenport). No juror could be polled to determine how he voted after the jury foreman has announced the verdict under this proposed legislation.

Car Repair Rip-offs. (H.3452, Rep. Haskins). This legislation would amend the South Carolina Unfair Trade Practices Act to define unfair and deceptive practices in motor vehicle repairs. Not surprisingly, this is a lengthy bill, outlining in detail the car owner's nightmare -- deceptive repair practices which would be prohibited under this law.

Some of the practices that would be considered unfair and deceptive under this bill include failing to give the customer a written estimate before beginning work; failing to perform promised repairs within the period of time agreed to or within a reasonable time; representing a replacement part as new when it's not, and exaggerating the seriousness of the malfunction to induce the customer to agree to the repair. Anyone who has ever had his car in the shop for repairs will see himself somewhere in this bill.

Marijuana Traffic Tickets (H.3521, Rep. Tucker). This bill would allow the uniform traffic ticket to be issued for the crimes of marijuana or hashish possession. It also would allow law officers to arrest a person committing any of the non-traffic offenses covered by the uniform traffic ticket instead of issuing the ticket itself. Arrest would be an alternative when the officer thinks that issuing the ticket "is not the best method to use given the circumstances of the violation."

RMC Appointments (H.3527, Rep. Rudnick). This statewide legislation comes in the wake of the controversy that occurred in Aiken County over the replacement of the register of mesne conveyance there. When a RMC vacancy occurs in counties where this official is elected, this bill would require the governor, upon the recommendation of a majority of the county legislative delegation, to appoint a RMC replacement to fill the unexpired term.

Labor, Commerce and Industry Committee

Christmas Eve Holiday (H.3480, Rep. J. Bradley). Last month state employees got a five day Christmas weekend after the governor declared Christmas Eve a holiday and Dec. 26 state holiday, which fell on a Saturday, was moved to Monday. If passed, this bill would prevent that kind of five day holiday weekend in the future. This bill proposes that when a weekend falls between the Christmas Day and the day after Christmas holiday, the governor may declare Christmas Eve a holiday in lieu of the Monday holiday, but both days could not be state holidays.

Ways and Means Committee

Minimum Wage for Jurors (H.3486, Rep. Davenport). This legislation proposes paying the federally set minimum wage to jurors serving in any court in South Carolina's uniform judicial system. It also would increase jurors' mileage payment from 5 cents to 20 cents a mile.

Currently per diem payment for jurors varies from county to county. For instance under the current law, Union County petit jurors get \$2.50 a day, while next door in Cherokee County, they get \$3. In neighboring Spartanburg, the per diem is \$4. Currently, Beaufort County pays the highest juror per diem -- \$12.50 a day -- and mileage is paid at the same rate given state employees. This legislation would standardize juror pay and mileage among all counties.

Inspection Sticker Fees (H.3492, Rep. Simpson). This bill would raise the fees charged for vehicle inspection stickers to \$5 for the inspection and \$1 for the issuance of the certificate. Currently, stations charge \$2 for inspections and 50 cents for the certificates. This bill also raises the cost of inspection forms prepared by the state Highway Department and furnished to the stations. Currently, the forms cost 50 cents each. Under this proposal, they would be a dollar a piece.

Compliance Review Act (H.3497, Rep. Kirsh). The purpose of this legislation is to create a formal, structured process to determine whether a state agency is complying with the findings and recommendations of reports prepared by the Legislative Audit Council. This process, entitled the Compliance Review Act of 1988, would be the responsibility of the State Reorganization Commission, which would be charged with studying and reporting back to the General Assembly on agency compliance with LAC recommendations.

Under this proposal, the Reorganization Commission's Compliance Review Subcommittee would have access to all records and working papers of a LAC audit once it is released to the public. The subcommittee would have one year to study an agency's compliance to the audit recommendations. The legislation gives the subcommittee access to all agency documents and subpoena power if it is needed.

Within three months after this year-long study period, the subcommittee must issue a preliminary compliance review report on the agency's response to the audit findings. The agency would be allowed to respond to the subcommittee's preliminary report. The agency's response would be included as an appendix to the preliminary report.

Within three months of the issuance of the preliminary report, the subcommittee would hold public hearings on its findings. Based on the findings and recommendations made in the preliminary report and the public hearing testimony, the Reorganization Commission would issue a final compliance review report to the General Assembly and the public. Any recommendations, including proposed legislation or changes in the agency's regulations or practices, would be included in the final report.

A companion bill, S.1001, has been introduced in the Senate.

Sales Tax Exemption (H.3457, Rep. McLellan). This bill would exempt hearing aid batteries and cords from the state sales tax.

State Employees Leave-Transfer Program (H.3458, Rep. McLellan). Under this legislation, an agency may establish a pool of employee leave time from which agency employees, facing extreme personal hardship, could draw from if they had depleted their own sick and annual leave. Under the bill, agency employees could donate their excess sick or annual leave time to the pool. Once the donation was made, the employee donor could not withdraw it from the pool, and all employees would be required to maintain a minimum of 15 days sick leave.

The Human Resource Management Division would draw up guidelines defining the "personal emergency" which would allow an employee to draw from the pool, and the guidelines the agency would follow in granting use of the leave pool.

Under this legislation, any sick or annual leave accumulated by the employee during the time he is "borrowing" from the leave pool would have to be used. Also this bill prohibits any lump sum payments for the leave to be made if the employees leave state employment.

## Report of the Ad Hoc Committee on AIDS

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*No other health issue has generated more public concern than the current AIDS epidemic. This is a complicated and multi-faceted issue, commanding the attention of public policy makers in many areas of State Government.*

*The following article is condensed from the report to be released by the Joint Legislative Ad Hoc Committee on AIDS. It includes the 33 recommendations approved by a majority of panel. Dissenting opinions of some of the committee members will be included in the panel's final report, which will be issued this week. Thanks to David Murday with the Legislative Health Care Planning and Oversight Committee for his assistance with this report.*

### Introduction

The human immunodeficiency virus (HIV) attacks the body's immune system. As the immune system suffers, infections and other illnesses become more common. The number of people with HIV expected to get Acquired Immune Deficiency Syndrome (AIDS) has risen over time. Some experts now project that over 50 percent of the people with HIV will get AIDS.

There is no direct way to detect HIV in the body. Instead, current tests detect the body's response to the virus, which results in the formation of certain antibodies. Persons can be infected with HIV up to six months or a year before the tests can detect these antibodies. The "ELISA" test, designed to protect the blood supply, costs about \$5. If the first ELISA test is positive, a second ELISA test is done. If the second test also is positive, then the more expensive, more accurate Western blot test is done to confirm HIV infection. This test costs about \$25. So HIV or AIDS testing is not one test but a series of tests.

### HIV Symptoms

A person with HIV may not show any symptoms for months or even years, but still has the virus and can infect others. HIV is spread only through infected sperm, vaginal fluids or blood. Although the virus is found in saliva, urine and tears, it does not seem to spread through these body fluids. Also, there is no evidence that insects, such as mosquitoes that feed on blood, spread the virus.

HIV is not spread by casual contact, even when it is close and prolonged.

The virus is fragile. It lives just a short time in air and can be killed with ordinary bleach. Since it is spread through infected blood, sperm and vaginal fluids, persons with many sexual partners or those who share intravenous needles -- mostly drug abusers -- are at high risk for HIV.

#### Cost of AIDS Treatment

AIDS is the most severe form of the disease caused by HIV infection. Estimates of the average lifetime cost per AIDS case, from diagnosis to death, range from about \$40,000 to \$150,000. The Public Health Service estimates that in 1991 the total cost of care for AIDS victims will be \$8 billion to \$16 billion nationwide.

Since 1982, 175 cases of AIDS have been found in South Carolina. Only 78 of these people are still alive. While only 1,254 persons with HIV have been located, DHEC thinks that there are actually 10,000 persons with HIV in South Carolina.

HIV and AIDS pose complex social, legal and financial problems, and new information about the disease is reported daily. Responding to these issues requires informed decision makers. The Joint Legislative Health Care Planning and Oversight Committee, with House and Senate leaders, set up an Ad Hoc Legislative Panel on AIDS last year. The panel issued 33 recommendations. Many of these recommendations were added as amendments to H.2807 currently pending before the Senate Medical Affairs Committee.

Here are the panel's findings.

Recommendation 1: By April 15 and annually thereafter, DHEC must report to the General Assembly the latest medical information on HIV and AIDS, and the status of the state's efforts to respond to the disease. House and Senate clerks and the chairman of the appropriate joint and standing legislative committees must receive a copy of the report.

#### AIDS and Employment

People with AIDS seem to be protected from discrimination under state and federal laws protecting the handicapped. Recently, a 9th Circuit U.S. Court of Appeals panel ruled that the federal Rehabilitation Act of 1973 prohibited job discrimination against persons with AIDS. In another recent case, the U.S. Supreme Court seems to support this ruling. South Carolina's laws protecting the handicapped also probably protect AIDS victims. Teachers and other school employees with AIDS are protected by Section 504 of the federal Rehabilitation Act of 1973.

Recommendation 2: No change in current state employment discrimination laws is recommended.

### State Employees and AIDS

As a major employer, State Government must also address decisions about employee testing, privacy issues and what policy should be established regarding state workers who have clients with HIV or AIDS. Not all state agencies have developed policies on AIDS, but those that have policies cover common points:

- Employees with HIV or AIDS can work as long as they do their job and are not a threat to themselves or others on the job. Work assignments should not be changed except for sound medical reasons.
- Clients with HIV or AIDS should not be denied services.
- Employees are not ordinarily excused from working with other employees or clients who have HIV or AIDS.
- Only employees who probably will be exposed to a client's body fluids should be told if the client has HIV or AIDS.
- Agencies should educate employees about HIV or AIDS.

Mandatory testing of low risk groups, such as state employees, is not cost effective and conflicts with the philosophical foundations of this state and nation.

Recommendation 3: When writing their own policies, state agencies should seek the help of DHEC, which has developed comprehensive policies based on the best information on HIV and AIDS.

Recommendation 4: HIV tests are not recommended for state employees.

### AIDS and the Schools

There are 49 children in South Carolina with HIV or AIDS. School boards can deny admission to any student with a contagious, infectious or communicable disease. The Center for Disease Control recommends that most students with HIV or AIDS go to school. Both the CDC and DHEC recommend a review of each student's case by a panel which includes the child's parents, the child's doctor, school and health officials. Students posing a risk to others would not be admitted. Some South Carolina school districts follow CDC guidelines while others refuse to admit students with HIV or AIDS.

A child's right to attend school is protected by Public Law 94-142 known as the "Education for All Handicapped Children Act." Under this law, the definition of handicapped children includes "health impaired children." School districts using federal funds for handicapped children must serve all handicapped children, which would include children with AIDS.

Recommendation 5: Each school district should have a communicable disease policy, which includes HIV and AIDS. The decision to prohibit or limit attendance should be based on sound medical evidence. If a student is not admitted, the school district is still responsible for the student's education.

Recommendation 6: Any board acting in good faith and in compliance with the law should not be liable for damages which result from its decision.

#### Privacy and the AIDS Victim

State law now protects the privacy of a person with a venereal disease. H.2807, now before Senate Medical Affairs, amends the law to include AIDS and related viruses. Under this bill, DHEC would not be required to tell school officials if an AIDS-infected child is in school, and if a school knows of an AIDS-infected child, they cannot reveal who the child is.

The CDC recommends only those individuals who are necessary to protect the child in school need to know of the child's health status. There is a conflict here between the need to protect the child's privacy and prevent public panic and the need to provide information to ensure safe school health practices.

Recommendation 7: The district superintendent and school nurse should be told if a child with HIV and AIDS is in school.

#### AIDS and State Institutions

HIV and AIDS present special problems to those in charge of state institutions, particularly prisons and mental health or mental retardation centers. Those supporting mandatory HIV testing of persons in state institutions base their support on the need to identify prison inmates or state clients who could spread the virus.

Opponents to testing cite the serious ethical and practical problems such testing would create. They point out that a person may not test positive for the virus up to six months after becoming infected. And unless the test is repeated regularly, not every

person with HIV will be found. Privacy is difficult to keep in institutions, and persons with HIV or AIDS would have to be protected from possible harm.

The policy at the Department of Corrections is to assume all persons entering prison have HIV and therefore use the universal precautions recommended by medical experts. This prevents discrimination and eliminates the need to test every new inmate. HIV testing can be done for good medical reasons, and inmates' medical records are confidential. All new cases of HIV and AIDS are reported to the department's medical director and DHEC.

The Department of Mental Health does not routinely test high risk persons for HIV. A DMH physician can test a patient for HIV for good medical reasons. If the patient refuses, three additional doctors review the case and make a decision. If they decide in favor of testing, the test is administered. Since January 1985, DMH's Byrnes Medical Center has treated 15 HIV and AIDS patients at a total cost of \$99,000. Eight of these patients were prison inmates.

Recommendation 8: There should be no routine mandatory HIV testing of persons admitted to state institutions.

Recommendation 9: Persons in state institution should be tested at their own request, subject to the rules and regulations of the agency.

Recommendation 10: Institutional medical records must be kept private. Only medical staff or other officials who need to know should have access to medical records.

Recommendation 11: Isolation of a client or inmate with HIV or AIDS should occur only for good medical reasons or when the person's behavior is a risk to others.

Recommendation 12: DHEC's authority over inmates with venereal disease should also include inmates with HIV.

Recommendation 13: The Department of Corrections should develop a comprehensive policy on HIV and AIDS in prisons.

Recommendation 14: Sufficient funds should be appropriated to pay for health care for persons in state institutions. Agencies with custody of these persons should ask for these funds in their annual budget requests.

### Educating the Public About AIDS

Education is the most effective and socially acceptable way to prevent HIV and AIDS. DHEC is using booklets, radio and TV spots and educational forums. It also has set up a telephone hotline to counsel people who think they are at risk.

AIDS highlights the health problems facing young people. Since most AIDS victims die as young adults, they could have been infected while in high school or earlier. State law does not require that sexuality or sexual behavior be included in the health curriculum. Bills to require comprehensive health education, including instruction on sexually transmitted disease, are pending before the House and Senate.

Recommendation 15: Efforts should be made to educate officials, the public and children about how HIV is spread and how it can be prevented. These could include: an address by the U.S. Surgeon General to the General Assembly; public awareness programs by ETV and commercial television stations; programs for parent and school support groups; AIDS education during in-service teacher training.

Recommendation 16: Staff and persons in state institutions should receive mandatory education about HIV and AIDS.

Recommendation 17: Comprehensive health education, including instruction on sexually transmitted diseases, should be required in the public schools.

### Mandatory Testing

Mandatory HIV testing for certain groups has been discussed in many states. Mandatory screening proposals often focus on "high risk" groups such as IV drug users and sexual offenders. Requiring HIV tests for certain "low risk" groups like marriage applicants and food handlers also has been discussed.

Mandatory HIV testing should occur only if the public health benefit is greater than the loss of personal privacy. People who seek treatment at drug or sexually transmitted disease clinics are at high risk for AIDS or HIV, but there is some fear mandatory testing might drive them away.

Mandatory testing of low risk groups, such as marriage applicants is not cost effective. The small number of persons with HIV found in these groups do not justify the cost, and tests would

have to be repeated regularly. Mass testing also would result in many false negative and false positive readings.

Recommendation 18: Current medical evidence does not support mandatory testing of low risk groups such as food handlers, applicants for marriage licenses, hospital admissions or pregnant women. Patients, their doctors and hospital should decide if HIV testing is needed. Hospitals should develop comprehensive policies on the admission and care of AIDS patients.

Recommendation 19: If while working with a patient or a patient's body fluids, a health care worker is possibly exposed to HIV and a health care professional feels there is reasonable risk of infection, the health care professional may require the patient to be tested.

Recommendation 20: There should be no mandatory testing of persons seeking treatment at drug clinics or sexually transmitted disease clinics.

Recommendation 21: Federal regulations concerning the testing of blood, tissue, organ and sperm donations appear to be adequate. If not, the panel supports state regulations.

#### Contact Tracing and Counseling

If persons have HIV, DHEC can identify and trace their sexual or IV needle sharing partners. These partners are the group at highest risk for HIV and AIDS. Education, counseling and testing of these contacts is the most cost effective way to prevent the disease. Since contact tracing depends on client cooperation, HIV testing must be voluntary.

Recommendation 22: DHEC should trace the sexual and IV drug contacts of persons with HIV and AIDS.

Recommendation 23: At least \$3 million should be appropriated to DHEC for AIDS education, testing, counseling and contact tracing.

#### AIDS Patients, Privacy and Isolation

State law now makes DHEC's venereal disease records very confidential. Only very limited exceptions are allowed. However, this law does not cover the department's HIV or AIDS records.

Recommendation 24: State law should grant strict privacy for all of DHEC's sexually transmitted disease records. The limited exception to the law, which allows the release of information needed to enforce the sexually transmitted disease control laws, should be clarified.

Recommendation 25: DHEC's authority to isolate people with venereal disease also should include persons with HIV.

#### Legal Issues

Recommendation 26: A doctor or public health official who tells a spouse or known contact that a person has HIV or AIDS should not be liable for any damages which may result.

Recommendation 27: Persons convicted of sexual offenses, including prostitution, which involve the exchange of bodily fluids should be tested for HIV within 15 days of conviction.

#### Discrimination Issues

Recommendation 28: Persons with HIV or AIDS should not be denied health care just because of their disease. Refusal to treat persons with HIV or AIDS should be addressed by hospital policy.

#### Health Care Issues

Of the 49 children in South Carolina with HIV or AIDS, the state has custody of four of them and will probably get custody of five others. Foster homes are not available for these children. The state Department of Social Services predicts that foster care payments will have to increase to \$1,000 a month for these children. Other costs include \$5,000 for training foster parents, and an estimated \$10,400 per year for each child to cover health and support services.

The federal government allows states to suspend Medicaid rules to allow greater freedom in serving AIDS patients. Through such a waiver, the state can provide assistance to low income people with AIDS while using federal matching funds. Medicaid waivers available include higher income limits, services not normally covered by Medicaid, such as home care and hospices and special Medicaid foster care payments for children with AIDS.

Low Medicaid payments force providers to choose between refusing to care for AIDS patients or losing money when they do. Recent Medicaid claims for AIDS patients show that hospitals were paid only 46 percent of their charges.

Recommendation 29: The Health and Human Services Finance Commission should request a Medicaid waiver for AIDS patients. The waiver should include high income limits, more services and special foster care arrangements. At least \$3.3 million in additional state funds are needed to pay for new services and clients.

Recommendation 30: The Health and Human Services Finance Commission should work to make sure all providers are adequately paid to care for very sick patients.

Recommendation 31: State agencies which place clients with private providers should make a special effort to educate providers about HIV and AIDS. Private providers should be encouraged to care for AIDS patients. Together these agencies must study the feasibility of developing state facilities if private providers will not care for AIDS patients.

#### The AIDS Impact on Insurance and Worker's Compensation

A few states have laws that keep insurance companies from denying insurance to persons with HIV or who are in high risk groups. Some of these laws also prohibit required testing for HIV. Insurance companies argue that persons with HIV have a higher risk of serious disease and death; therefore, using HIV tests for underwriting purposes is needed.

The American Academy of Actuaries recently reported that AIDS is not an insurable risk for life insurance because of the near certainty of death within a relatively short period of time. Health insurance companies also are using HIV testing to assess risk.

People with HIV or AIDS pose a number of problems for the worker's compensation system. It can be hard to prove that a worker was exposed to HIV on the job. Other workers may file claims due to the stress from working with a person with HIV.

Recommendation 32: There is no current evidence in South Carolina to suggest that AIDS should be treated differently from other serious diseases. No change in current state law is recommended.

Recommendation 33: The Joint Legislative Worker's Compensation Study and Review Committee should consider the problems that HIV and AIDS pose for the worker's compensation.