



INCREASING ACCESS TO VOLUNTARY HIV TESTING:

In September 2006, the Centers for Disease Control and Prevention (CDC) published updated guidelines on voluntary HIV testing in health care settings.¹ The CDC now recommends that medical providers offer all persons ages 13 to 64 voluntary HIV testing without risk assessments as a routine part of medical care. We agree that increasing access to testing and care is a critically important goal. Far too many people do not know their HIV status, and we support efforts to help people living with undiagnosed HIV learn their status and gain access to necessary care and support services.

The CDC's recommendations include the following:

- -o cre n medical settings which means t n n
"performing HIV screening after notifying the patient that 1) the test will be performed and 2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing."

of a testing regimen, although it is encouraged in settings such as STD clinics.⁴

The CDC is right that HIV testing must remain informed and voluntary. And expanding voluntary HIV testing is an im

This survey makes clear that the number one reason patients don't get tested is because they don't think they're at risk, not because of informed consent requirements. Indeed, based on this finding, we know that

This survey also shows that stigma related to testing, which the CDC also argues deters testing, isn't an important factor in why people do or don't get tested:

Stigma around HIV testing is not a concern for most people (62% say that finding out they had an HIV test would make no difference in how people they know would think of them); still,

health care settings, HHC was able to more than double the number of HIV-positive patients identified. All this was done consistent with New York law, which requires written informed consent, and patients overwhelmingly agreed to be tested.¹¹ Routine HIV testing with streamlined counseling and consent procedures substantially has increased the number of people tested in the related context of prenatal testing for HIV.¹²

If there are ways to significantly increase the 7 0 0'10.02 284.410.02041430038 Tm(r HIV.)Tj 0.0015 Tw 10.02 0 0204

Arkansas, which uses an opt-out testing system with no written consent, found that up to 16% of the women tested did not even know that they had been tested for HIV.¹⁵ These studies show that

this period needs to know that they may still have HIV, and that merely testing negative is not a form of prevention. Without counseling to explain this critical information, people may unknowingly put themselves and their loved ones at high risk.

In rushing to abandon any educational component to HIV testing, medical providers also may lose an excellent opportunity to educate patients about HIV and how to begin to change risk behaviors. The 2006 Kaiser Family Foundation survey showed that, unfortunately, many people still lack basic information about what does, and what does not, put them at risk of getting HIV.²⁶ This

While efforts to encourage doctors to offer HIV tests to more patients are to be commended, eliminating safeguards created in recognition of the fact that learning you have HIV is not like any other diagnosis—because of the nature of HIV disease, its treatment, and the stigma and discrimination still associated with having HIV—is not the answer.

Abandoning protections that require doctors testing patients for HIV to obtain specific consent and to provide pretest counseling goes against long-standing principles of patient autonomy in medical decision-making

