



**Report on Findings from an
Assessment of Health Department Efforts to Implement
HIV Screening in Health Care Settings**

June 26, 2007

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EXECUTIVE SUMMARY

In February 2007, the National Alliance of State and Territorial AIDS Directors (NASTAD) released a survey to the health departments in all 65 states, territories, and cities funded by the U.S. Centers for Disease Control and Prevention (CDC) for HIV prevention efforts. NASTAD conducted this assessment in an effort to gain an understanding of health department efforts to implement and support HIV screening programs. The survey was also intended to examine the extent to which the CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings* (CDC Recommendations) have influenced or will influence health department efforts to implement HIV screening in health care settings.

Findings from this assessment will be used to identify priority areas for technical assistance and strategies for health departments to support implementation of HIV screening efforts. Findings will also be used to establish priority areas for advocacy and education among key stakeholders and partners.

METHODS

A 24-item self-administered survey was distributed, electronically, to the AIDS program directors in each of the 65 jurisdictions funded for HIV prevention activities by the CDC. A total of 55 responses (representing an 85 percent response rate) were received from state and local health departments, representing 49 states, five directly-funded cities, and the District of Columbia.

The questionnaire encompassed three major sections: (1) legal and regulatory environments for HIV testing within a jurisdiction; (2) current health department efforts around supporting HIV screening; and (3) future plans regarding implementation of HIV screening.

KEY FINDINGS

*Legal and Regulatory Environment for HIV Testing*¹

- Thirty-four health departments (68 percent) reported that specific consent for HIV testing is required by statute and/or regulation.

¹ The five directly-funded cities responding to the survey were excluded from analysis of the items related to the *current* legal and regulatory environment for HIV testing as each of these cities is subject to the statutes and regulations of the states in which they are located. Responses provided by the responding cities were examined and were found to be consistent with responses reported by the corresponding state.

- Twenty-eight health departments (56 percent) reported that signed, written consent for HIV testing is required by statute or regulation.
- Twenty-eight health departments (56 percent) have some type of statutory or regulatory prohibition regarding provision of HIV testing without “pre-test counseling.”
 - Risk reduction counseling is a required component of “pre-test counseling” in only 33 percent of jurisdictions.
- Thirty health departments (60 percent) reported no statutory or regulatory prohibitions regarding providing HIV test results via telephone, mail, or other similar means.
- Eleven health departments (22 percent) reported that voluntary screening for HIV is required by statute or regulation for specific populations.
 - Pregnant women were cited by 64 percent of these jurisdictions as the population for whom voluntary HIV screening is required by statute or regulation.
- Eighteen health departments (36 percent) reported that they planned to pursue legislative or regulatory changes to enable implementation of HIV screening in health care settings, pursuant to the CDC *Recommendations*.
- Only nine health departments (16 percent) reported that they are aware of groups or organizations that are planning to pursue legislative or regulatory changes to enable implementation of HIV screening in health care settings, pursuant to the CDC *Recommendations*.

Current HIV Screening Efforts

- Thirty-five health departments (64 percent) reported supporting HIV screening efforts in health care settings.
 - A majority reported HIV screening in traditional public health settings such as sexually transmitted disease (STD) clinics (90 percent), family planning clinics (74 percent), and correctional facilities (69 percent). Sixty percent of health departments reported they support HIV screening in community health clinics, TB clinics, and substance abuse treatment facilities.
 - Fewer health departments reported supporting HIV screening in venues such as primary care clinics (40 percent), labor and delivery departments (29 percent), emergency departments (23 percent), urgent care clinics (six percent), and outpatient clinics (six percent).
- Of the 35 health departments that have implemented HIV screening in one or more clinical settings, 31 (88.5 percent) indicated that prevention counseling accompanies HIV testing in one or more settings.
- Nurses are an important source of information about HIV testing in clinical settings where HIV screening is provided. HIV counselors are also an important source of information about testing. Relatively few health departments indicated that physicians are a primary source of information about HIV testing.
- Of the 35 health departments who have implemented HIV screening in clinical settings, 27 (79.4 percent) reported that the health department produces and distributes written patient information materials about HIV to be used in the

context of HIV testing. Only four require that providers use these materials in conjunction with HIV testing.

- The 35 health departments that have implemented HIV screening efforts indicate that they have encountered resistance from providers regarding implementation.
 - Lack of funding was by far the most important reason for this resistance.

Future Screening Efforts

- Sixteen health departments (29 percent) have already implemented HIV screening for adults and adolescents, pursuant to the CDC *Recommendations*, and 26 (47 percent) are currently discussing whether and/or how to implement HIV screening.
- Twenty-two health departments (40 percent) have already implemented HIV testing as a routine part of prenatal care and 19 (35 percent) are currently discussing whether and/or how to implement HIV testing as a routine part of prenatal care.
- Eleven health departments (20 percent) have implemented HIV screening during the third trimester of pregnancy and 14 (26 percent) are currently discussing implementing HIV screening during the third trimester of pregnancy.
- Thirty-eight health departments (69 percent) plan to implement or expand HIV screening in health care settings in the next year following completion of this assessment.
 - Eighteen health departments (49 percent) reported emergency departments would be targeted for expansion.
 - Ten (27 percent) reported community health clinics, substance abuse agencies, labor and delivery departments, and urgent care clinics would be targeted for expansion.
 - Few health departments reported expansion plans for STD clinics (six health departments, 16 percent), family planning clinics (five health departments, 14 percent), or TB clinics (five health departments, 14 percent).
- Health departments are undertaking a variety of efforts to facilitate implementing HIV testing in health care settings including simplifying consent requirements (17 health departments, 35 percent), allowing for verbal consent (15 health departments, 29 percent), and simplifying consent forms (13 health departments, 26 percent).
- Thirty-two health departments (57 percent) indicated that they plan to or are already financing HIV screening in health care settings.
 - Sixteen of these health departments (50 percent) plan to use CDC HIV prevention cooperative agreement funding to support these efforts and nine (28 percent) will use state/local funding.
- Twenty-three health departments (43 percent) are working with state-level professional provider organizations regarding the CDC *Recommendations*.
- Health departments identified a number of important barriers to implementing HIV screening, including lack of funding (43 health departments, 78 percent),

- informed consent statutes (24 health departments, 44 percent), educating providers about statutory requirements (21 health departments, 38 percent), and lack of provider buy-in (19 health departments, 35 percent).
- Health departments identified a number of important concerns regarding implementing HIV screening including obtaining funding (43 health departments, 78 percent), obtaining provider buy-in (31 health departments, 56 percent), changing statutes/regulations (30 health departments, 55 percent), and ensuring cost-effective approaches (28 health departments, 51 percent).

DISCUSSION

Legal and Regulatory Environment for HIV Testing

- Health departments indicated that providers cite informed consent requirements as a barrier to implementing HIV screening. The fact that a majority of health departments have implemented HIV screening in one or more clinical settings, often traditional public health venues, while maintaining written informed consent requirements suggests that more exploration is necessary to determine if these requirements are a perceived or actual barrier to implementation of HIV screening in health care settings. The data did not illuminate the factors, some unique to the jurisdictions in which they occur, that influence how statutes/regulations effect the implementation of HIV testing in *all possible* health care settings.
- A majority of jurisdictions reported statutes or regulations requiring “counseling,” but only one-third indicated that risk reduction planning is a component of these requirements. The fact that a majority of health departments have implemented HIV screening in one or more clinical settings, often traditional public health venues, while maintaining streamlined pre-test counseling requirements suggests that more exploration is necessary to determine if these requirements are a perceived or actual barrier to implementation of HIV screening in health care settings. The data did not illuminate the factors, some unique to the jurisdictions in which they occur, that influence how statutes/regulations effect the implementation of HIV testing in *all possible* health care settings.
- Over one-third of health departments plan to pursue legal and/or regulatory change to enable implementing HIV screening, pursuant to the CDC *Recommendations*, even when HIV screening has been successfully implemented in the jurisdiction. These findings suggest that either the specific statutory or regulatory language in these jurisdictions is restrictive or the health departments in these jurisdictions have not considered or attempted other strategies for implementing HIV screening within the context of current statutes and/or regulations.

Current HIV Screening Efforts

- With 35 health departments (64 percent) reporting having implemented HIV screening in health care settings, most health departments, while not all,

- appear to be relatively successful in implementing screening in certain settings, particularly in venues which are more “traditional” public health venues, such as STD and family planning clinics.
- Current screening efforts appear to rely heavily on federal grant and state/local funding. Relatively few jurisdictions indicated reimbursement via Medicaid or other insurance providers provides support for HIV screening programs. Heavy reliance on public funding, especially in the form of federal grant funds, has important implications for the sustainability and expansion of HIV screening.
 - Nurses serve as a primary and important source of information about HIV testing in health care settings. This suggests that it is essential to engage nurses and to facilitate their buy-in for screening programs. This also suggests that it is appropriate to target nurses for training and education relative to implementing HIV screening.

Future Screening Efforts

- Health departments see a potential value in HIV screening efforts in health care settings. Less than one-third (16 health departments, 29 percent) report having already implemented the CDC *Recommendations* for adults and adolescents, while 26 (47 percent) indicate that they are currently discussing whether and how to implement the recommendations.
- Twenty-two health departments (40 percent) indicated having already implemented HIV testing a part of routine prenatal care, pursuant to the CDC *Recommendations*, a much smaller proportion indicated that they have implemented testing during the third trimester or postpartum testing of newborns (eleven and twelve health departments, respectively). Many health departments reported that they either have not yet begun discussion of third trimester and/or postpartum newborn testing or have no plans to do so. The reasons for this warrant further investigation, as they cannot be determined from the survey data.²
- Health departments appear to be targeting for expansion of HIV screening venues which are not traditionally considered “public health venues” such as hospital emergency departments (18 health departments, 49 percent).
- Funding to support implementation was reported by health departments as both the most important barrier and greatest concern associated with implementation of HIV screening. This suggests that discussion of strategies to leverage other funding streams and/or to induce insurers to reimburse for HIV screening should be made a high priority for education and advocacy efforts.
- Buy-in of health care providers to implementing screening was also cited as an important barrier and concern. Data from this survey do not provide the

² While the data collected from the survey do not explain the reasons for limited third trimester and/or postpartum testing, the success of perinatal HIV prevention efforts in the U.S. is a likely cause. Currently, CDC provides supplemental funding for perinatal transmission prevention to only 15 jurisdictions through the Health Department Cooperative Agreement. Even so, testing as a part of routine prenatal care, pursuant to the CDC *Recommendations*, is widely practiced by health departments.

reasons for this lack of buy-in which could be related to a number of factors. Gaining a fuller understanding of the specific reasons for provider resistance to HIV screening will provide direction to education and technical assistance efforts.

LIMITATIONS

All data were self-reported and are subject to the knowledge and interpretation of the individual(s) who completed the questionnaire. Responses provided, particularly as they relate to explanation of statutes and regulations, may be incomplete or may not completely and accurately represent those statutes and regulations which are often complex and nuanced.

“Screening” was specifically defined on the survey tool³; however, some respondents may not have adhered strictly to that definition in providing responses. The questionnaire included questions designed to examine implementation of screening efforts and other questions which were intended to examine implementation of screening, pursuant to the CDC *Recommendations*. Inconsistencies in responses across some questions suggest that some health departments were not able to make this distinction either because the questions were not clear or because they did not have a strong understanding of/familiarity with the CDC *Recommendations*.

³ For the purposes of this assessment, *HIV screening* was defined as “voluntary HIV testing performed for all patients in a setting unless the patient specifically declines HIV testing.”



Report on Findings from an Assessment of Health Department Efforts to Implement HIV Screening in Health Care Settings

June 2007

BACKGROUND AND INTRODUCTION

In February 2007, the National Alliance of State and Territorial AIDS Directors (NASTAD) released a survey to the health departments in all 65 states, territories, and cities funded by the U.S. Centers for Disease Control and Prevention (CDC) for HIV prevention efforts. NASTAD conducted this assessment in an effort to gain an understanding of health department efforts to implement and support HIV screening programs. The survey was also intended to examine the extent to which the CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings* (CDC Recommendations) have influenced or will influence health department efforts to implement HIV screening in health care settings.

Findings from this assessment will be used to identify priority areas for technical assistance and strategies for health departments to support implementation of HIV screening efforts. Findings will also be used to establish priority areas for advocacy and education among key stakeholders and partners.

METHODS

A 24-item self-administered survey was distributed, electronically, to the AIDS program directors in each of the 65 jurisdictions funding for HIV prevention activities by the CDC. The survey is available in Appendix A. Health departments were given two weeks to complete and return the survey. NASTAD staff conducted follow-up with health departments who did not return completed questionnaires by the due date to encourage response. A total of 55 responses (representing an 85 percent response rate) were received from state and local health departments, representing 49 states, five directly funded cities, and the District of Columbia.

The questionnaire encompassed three major sections. The first addressed the legal and regulatory environment for HIV testing within a jurisdiction. In particular, the survey sought to gather information about legal and regulatory requirements related to informed consent and counseling associated with HIV testing. The second section of the survey addressed current health department efforts around supporting HIV

screening.⁴ Items in this section were intended to help better characterize the specific health care settings where health departments currently support HIV screening and how such efforts are financed. In addition, the types/methods of consent and counseling provided were examined by setting. The third major section of the survey addressed future plans regarding implementation of HIV screening. The extent to which the CDC *Recommendations* are influencing or will influence health department efforts to implement HIV screening was specifically examined. The barriers to implementation of HIV screening were examined, as were the concerns about HIV screening implementation.

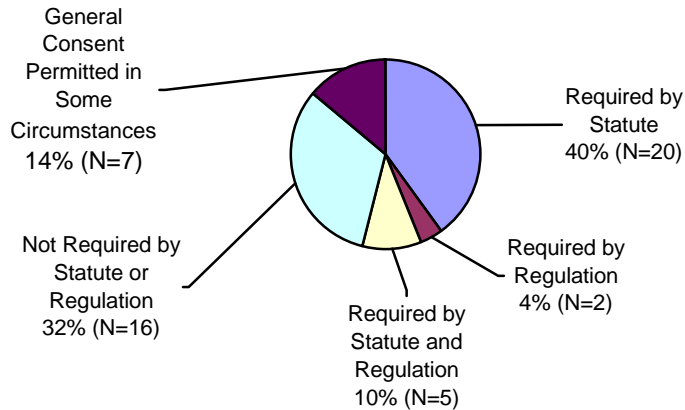
FINDINGS

Legal and Regulatory Environment for HIV Testing

Health departments were asked to respond to a series of eight questions related to the legal and regulatory environment in which HIV testing is conducted in their jurisdiction.⁵

Respondents were asked whether specific consent for HIV testing is required by statute or regulation within the jurisdiction. As presented in Figure 1, a majority of jurisdictions indicated that specific consent for HIV testing is required by statute and/or regulation.

Figure 1: "Is specific consent for HIV testing required by statute or regulation?" (N=50)



Seven health departments indicated that general consent for HIV testing is permitted in certain circumstances. Of these, five reported that general consent is permitted in the

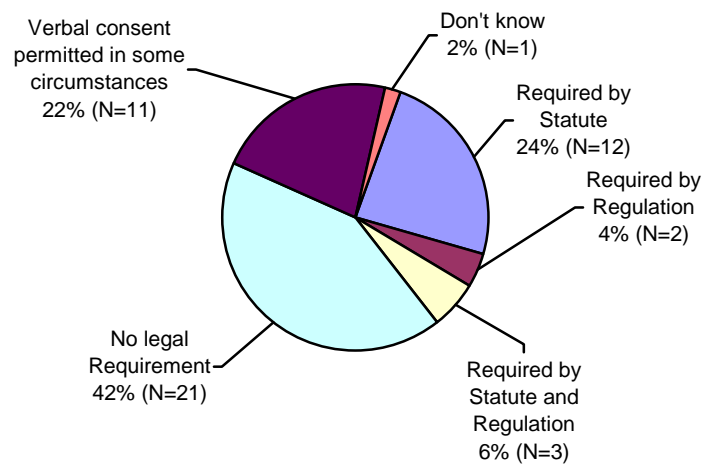
⁴ For the purposes of this assessment, *HIV screening* was defined as "voluntary HIV testing performed for all patients in a setting unless the patient specifically declines HIV testing."

⁵ The five directly-funded cities responding to the survey were excluded from analysis of the items related to the *current* legal and regulatory environment for HIV testing as each of these cities is subject to the statutes and regulations of the states in which they are located. Responses provided by the responding cities were examined and were found to be consistent with responses reported by the corresponding state.

context of HIV testing for pregnant women, either during prenatal care or at the time of labor and delivery. One jurisdiction reported that general consent is permitted in association with HIV testing to obtain life insurance. The remaining jurisdictions did not describe the specific circumstances in which HIV testing with general consent is permissible. A jurisdiction-by-jurisdiction comparison of responses to this survey question is available in Appendix B.

Health departments were asked to indicate whether signed, written consent for HIV testing is required by statute and/or regulation. As presented in Figure 2, a majority of health departments either have no legal or regulatory requirement for written consent or permit verbal consent in certain circumstances.

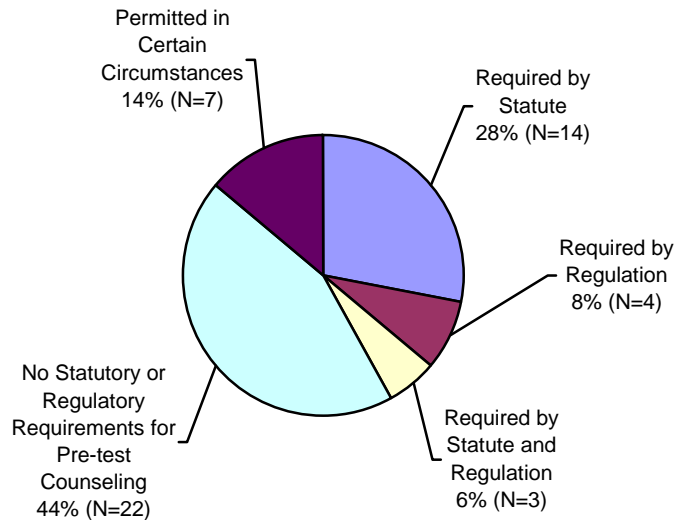
Figure 2: "Is signed, written consent for HIV testing required by statute or regulation?" (N=50)



Eleven health departments reported that verbal consent is permitted in certain circumstances. Of these, six jurisdictions reported that verbal consent is permitted when HIV testing is performed by physicians; two indicated that verbal consent is permissible when HIV testing is performed in order to obtain insurance; two indicated verbal consent is permissible in the context of anonymous HIV testing; and one reported that verbal consent is permitted for HIV testing performed during labor and delivery for pregnant women when no documentation of HIV testing is available. A jurisdiction-by-jurisdiction comparison of responses to this survey question is available in Appendix B.

Health departments were asked to indicate whether provision of HIV testing without "pre-test counseling" was prohibited by statute or regulation. As presented in Figure 3, 28 jurisdictions (56 percent) have some type of statutory or regulatory prohibition regarding provision of HIV testing without "pre-test counseling."

Figure 3: "Is provision of HIV testing without pre-test counseling prohibited by statute or regulation?" (N=50)



Seven health departments reported that testing without pre-test counseling was permissible in certain circumstances. Four of these health departments described the circumstances which included: when testing is court ordered (N=1), provided by physicians in a private setting (N=1), provided for childbearing or delivering women (N=2), conducted for insurance (N=1), provided to inmates of correctional facilities (N=1), or for other purposes (e.g., organ donation, medical research, and organ procurement). A jurisdiction-by-jurisdiction comparison of responses to this survey question is available in Appendix B.

To obtain a more precise understanding of what constitutes "pre-test counseling," health departments which indicated that pre-test counseling is required by statute and/or regulation in some or all circumstances (N=28) were asked to identify the required components of pre-test counseling. Twenty-four of these jurisdictions provided responses to this question, as presented in Table 1.

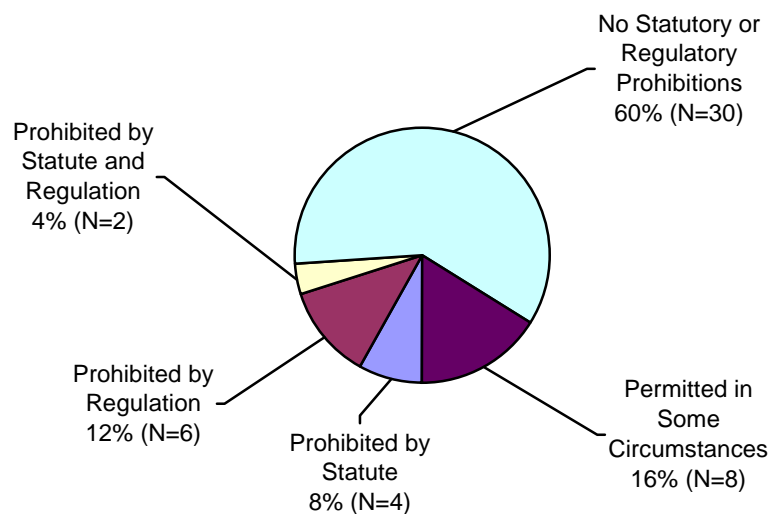
Table 1: Required components of pre-test counseling (N=24)	Percent responding
Information about the HIV test (N=22)	91.7%
Meaning of test results (N=20)	83.3%
Benefits and drawbacks of the test (N=15)	62.5%
Legal rights of a test subject (N=13)	54.2%
Disclosure of results (N=13)	54.2%
Risk assessment (N=10)	41.7%
Risk reduction planning (N=8)	33.3%
Other (e.g., PCRS, referral for services) (N=6)	27.3%

Note: responses do not total 100% as multiple responses were allowed.

Among those jurisdictions that require “pre-test counseling,” a majority require provision of information about HIV tests, including how results are interpreted and the benefits and drawbacks of the test. Just over one-third of jurisdictions reported a requirement for “pre-test counseling” that includes risk reduction planning. Thus, among the 49 responding states and the District of Columbia, only ten (20 percent) have a statutory or regulatory requirement to conduct risk assessment and only nine (18 percent) have a statutory or regulatory requirement to conduct risk reduction planning.

As illustrated in Figure 4, health departments were asked to indicate whether disclosure of HIV tests results by mail, telephone, or similar means is prohibited by statute or regulation.

Figure 4: "Is disclosure of HIV test results by phone or mail prohibited by statute or regulation?" (N=50)



The majority of jurisdictions (60 percent) reported no statutory or regulatory prohibitions regarding providing HIV test results via telephone, mail, or by other similar means. Eight jurisdictions with such prohibitions reported provision of results by means other than face-to-face is permissible in certain circumstances. Six of these health departments indicated the specific circumstances which included when HIV testing is conducted by physicians (N=4), when the client is low risk (N=1), or for negative HIV test results only (N=1). A jurisdiction-by-jurisdiction comparison of responses to this survey question is available in Appendix B.

Eleven jurisdictions (22 percent) reported that voluntary screening for HIV is required by statute or regulation for specific populations. The populations for whom voluntary HIV screening is required are presented in Table 2.

Table 2: Populations voluntarily screened for HIV, pursuant to statute or regulation (N=11)	Percent responding
Pregnant women (N=7)	63.6%
Prisoners (N=2)	18.2%
Newborns (N=1)	9.1%
Clients of substance abuse treatment centers (N=1)	9.1%
Clients of STD clinics (N=1)	9.1%
Other (prisoners to be released/paroled; emergency responders) (N=2)	18.2%
<i>Note: responses do not total 100% as multiple responses were allowed.</i>	

A jurisdiction-by-jurisdiction comparison of responses to this survey question is available in Appendix B.

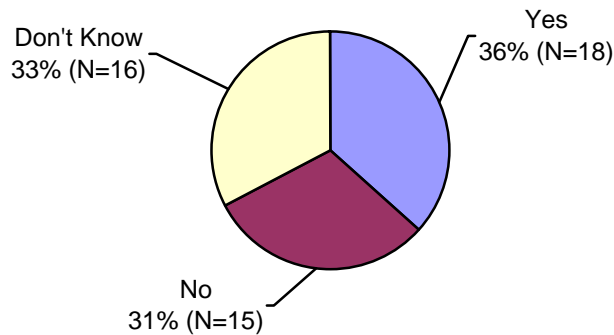
Health departments were asked about other statutory or regulatory barriers preventing the implementation of HIV screening, pursuant to the *CDC Recommendations*, in health care settings within their jurisdiction. Among 53 health departments responding to this question, 19 (35.8 percent) indicated such barriers.⁶ Of these, ten (52.6 percent) indicated that consent requirements, specifically documentation of consent, are a barrier to implementation of HIV screening in health care settings. Two jurisdictions referenced counseling requirements. The remaining health departments did not provide detailed responses regarding the specific barriers to implementation.

Health departments were asked whether they planned to pursue legislative or regulatory changes to enable implementation of HIV screening in health care settings, pursuant to the *CDC Recommendations*. Among the 49 responding states and District of Columbia, over one-third (N=18) indicated that they planned to pursue such changes. These findings are presented in Figure 5.⁷

⁶ Of the 19 health departments reporting other specific statutory and/or regulatory barriers preventing the implementation of screening, pursuant to the *CDC Recommendations*, two respondents were city health departments.

⁷ Three city health departments also reported plans to pursue legislative and/or regulatory changes to enable implementation of screening, pursuant to the *CDC Recommendations*. Only one of three provided detail regarding the nature of the changes they were seeking and this response indicated collaboration with the state health department.

Figure 5: "Does the health department plan to pursue legislative or regulatory changes to enable implementation of HIV screening in health care settings?" (N=49)



Few of the health departments that reported that they planned to pursue legislative or regulatory changes provided specific details. Among those who provided such detail, two reported pursuing changes to consent requirements, two plan to address counseling requirements, and two indicated changes that would address screening for pregnant women. In addition, three of the five city health departments reported that they intended to pursue legislative or regulatory changes. None of these health departments, however, provided specific details regarding the nature of the changes that they are pursuing.

Of the 28 state health departments that indicated statutory and/or regulatory requirements for written, signed informed consent, eight (29 percent) reported they plan to pursue legislative and/or regulatory changes to enable implementation of HIV screening, pursuant to the CDC *Recommendations*. Among the 18 health departments that reported planning to pursue legislative and/or regulatory changes, eight (44 percent) reported that signed informed consent for HIV testing is required by statute and/or regulation.

Of the 28 health departments that indicated statutory and/or regulatory requirements that prohibit provision of HIV testing without "pre-test counseling," 13 (46 percent) reported they plan to pursue legislative and/or regulatory changes to enable implementation of HIV screening, pursuant to the CDC *Recommendations*. Among the 18 health departments that reported plans to pursue legislative/regulatory changes, 13 (72 percent) reported "pre-test counseling" is required by statute and/or regulation. Ten of these jurisdictions provided information regarding the required components of informed consent, as presented in Table 3.

Table 3: Required components of pre-test counseling among health departments pursuing legislative and/or regulatory change (N=10)	Percent Responding
Information about the HIV test (N=8)	80.0%
Meaning of test results (N=7)	70.0%
Benefits and drawbacks of the test (N=6)	60.0%
Legal rights of a test subject (N=5)	50.0%
Disclosure of results (N=6)	60.0%
Risk assessment (N=4)	40.0%
Risk reduction planning (N=3)	30.0%
Other (e.g., PCRS, referral for services) (N=1)	10.0%
<i>Note: responses do not total 100% as multiple responses were allowed.</i>	

The required components of pre-test counseling among health departments reporting that they are pursuing legal and/or regulatory change closely mirror the components of pre-test counseling across all health departments reporting that pre-test counseling is required.

Health departments were also asked whether they are aware of groups or organizations that are planning to pursue legislative or regulatory changes to enable implementation of HIV screening in health care settings, pursuant to the CDC *Recommendations*. Of the 55 health departments that responded to this question, only nine (16.4 percent) indicated that they were aware of groups and organizations undertaking such efforts, 21.8 percent indicated that no groups outside of the health department had plans for pursuing legislative or regulatory changes, and 61.8 percent reported that they did not know whether any groups planned to pursue such changes. Six health departments provided details about the organizations involved and only two health departments provided details regarding the types of legislative and regulatory changes being sought. Responses provided by two of these health departments suggested that the changes being sought were generally supported by the health department.

Current HIV Screening Efforts

Health departments were asked to respond to a series of nine questions regarding current HIV screening efforts supported by the health department within health care settings. “Support” was specifically defined as providing funding or similar kinds of support, such as HIV test devices, to health care providers to facilitate implementation of HIV screening. Thirty-five health departments (63.6 percent) reported supporting HIV screening efforts in health care settings. The types of settings in which health departments are supporting screening efforts are described in Table 4.

Table 4: Health care settings in which health departments are supporting HIV screening (N=35)	Percent responding
Sexually transmitted disease clinics (N=32)	91.4%
Family planning clinics (N=26)	74.3%
Correctional facilities (N=24)	68.5%
Community health clinics (N=21)	60.0%
TB clinics (N=21)	60.0%
Substance abuse treatment centers (N=21)	60.0%
Prenatal/obstetrical clinics (N=15)	42.8%
Primary care clinics (N=14)	40.0%
Labor and delivery (N=10)	28.7%
Emergency departments (N=8)	22.9%
Hospital inpatient (N=3)	8.6%
Urgent care clinics (N=2)	5.7%
Hospital outpatient (N=2)	5.7%
Other (methadone treatment, needle exchange programs (NEP), CBOs, anonymous test sites) (N=9)	25.7%

Note: responses do not total 100% as multiple responses were allowed.

HIV screening programs appear to be well established within clinical settings, particularly in facilities which are more traditional public health venues (e.g., STD clinics), with the vast majority of these programs having been in operation for more than two years. Hospital-based programs received less frequent mention by health departments. Even so, in jurisdictions where screening programs were operational in such venues, most had been in operation for two or more years. The one exception was programs in emergency departments where four of the eight screening programs supported by health departments had been in operation for two years or less.

Health departments in low morbidity jurisdictions⁸ were less likely than those in higher morbidity jurisdictions to report implementation of HIV screening in clinical settings. While low morbidity jurisdictions accounted for 22 percent of respondents, these jurisdictions represented only 11 percent of the health departments that reported having implemented screening in clinical settings. Health departments from high morbidity jurisdictions represented 22 percent of respondents and 17 percent of health departments that reported having implemented screening; high-to-moderate and moderate morbidity jurisdictions each represented 23 percent of the overall sample of respondents and each represented 29 percent of health departments that report having implemented screening in health care settings. City health departments accounted for 9 percent of the overall sample and for 11 percent of health departments that have implemented screening programs.

Health departments that indicated supporting HIV screening programs were asked to describe how these programs are funded. These findings are presented in Table 5.

⁸ For comparison purposes, states were grouped into four levels of morbidity: "high," "high-to-moderate," "moderate," and "low" according to the number of cumulative AIDS cases reported through 2004. Each grouping represents approximately one-quarter of all states. The six directly-funded cities represent a fifth grouping for analysis. See Appendix D for state and city groupings.

Table 5: Sources of funding for clinical settings where HIV screening is supported by health departments	CDC HIV Prevention Cooperative Agreement funding	State/Local funding	Reimbursement via Medicaid	Reimbursement via other insurance	Other method of funding
Sexually transmitted disease clinics (N=32)	83.9%	61.3%	19.4%	9.7%	9.7%
Community health clinics (N=21)	85.7%	52.4%	28.6%	23.8%	23.8%
Substance abuse treatment centers (N=21)	61.9%	38.1%	19.0%	9.5%	23.8%
Prenatal/obstetrical clinics (N=15)	46.7%	46.7%	46.7%	26.7%	13.3%
Labor and delivery (N=10)	10.0%	60.0%	60.0%	50.0%	20.0%
Primary care clinics (N=14)	57.1%	35.7%	7.1%	0.0%	21.4%
Family planning clinics (N=26)	69.2%	46.2%	30.8%	7.7%	19.2%
Emergency departments (N=8)	37.5%	62.5%	0.0%	0.0%	12.5%
Urgent care clinics (N=2)	0.0%	50.0%	0.0%	0.0%	50.0%
Hospital inpatient (N=3)	66.7%	66.7%	0.0%	0.0%	33.3%
Hospital outpatient (N=2)	50.0%	0.0%	0.0%	50.0%	0.0%
TB clinics (N=21)	66.7%	47.6%	14.3%	4.8%	4.8%
Correctional facilities (N=24)	75.0%	70.8%	8.3%	0.0%	0.0%
Other (N=9)	83.3%	66.7%	0.0%	0.0%	0.0%

Other sources of funding referenced by health departments included patients as well as funding from other federal agencies, including the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Screening programs supported by health departments appear to rely heavily on federal and state funding, generally in the form of grant funding. Relatively few jurisdictions reported that HIV screening programs based in clinical settings receive support from third-party payers.

Health departments were asked to indicate whether, and in what settings, consent for HIV screening is integrated into general consent for medical care, on the same basis as other screening and diagnostic tests. Of the 35 health departments that have implemented HIV screening in one or more clinical settings, nine (25.7 percent) indicate that consent for HIV screening is incorporated into general consent. Settings in which general consent for HIV testing is sufficient are presented in Table 6.

Table 6: Settings in which general consent is sufficient for HIV testing (N=9)	Percent responding
Sexually transmitted disease clinics (N=8)	88.9%
Family planning clinics (N=5)	55.6%
Primary care clinics (N=4)	44.4%
Community health clinics (N=3)	33.3%
Prenatal/obstetrical clinics (N=3)	33.3%
TB clinics (N=3)	33.3%
Correctional facilities	33.3%
Labor and delivery (N=2)	22.2%
Emergency departments (N=1)	11.1%
Hospital inpatient (N=1)	11.1%
Hospital outpatient (N=1)	11.1%
Substance abuse treatment centers	0.0%
Urgent care clinics	0.0%
Other (methadone treatment, NEP, CBOs, anonymous test sites)	0.0%
<i>Note: responses do not total 100% as multiple responses were allowed.</i>	

Health departments were asked to indicate in which clinical settings HIV prevention counseling is provided in conjunction with HIV testing. Of the 35 health departments that have implemented HIV screening in one or more clinical settings, 31 (88.5 percent) indicated that prevention counseling accompanies HIV testing in one or more settings. The percentage of health departments providing counseling in conjunction with HIV testing is presented, by setting, in Table 7.

Table 7: Settings in which HIV prevention counseling is provided in conjunction with HIV testing	Percent responding
Sexually transmitted disease clinics (N=32)	75.0%
Family planning clinics (N=26)	69.2%
Correctional facilities (N=24)	45.8%
Community health clinics (N=21)	81.0%
TB clinics (N=21)	61.9%
Substance abuse treatment centers (N=21)	85.7%
Prenatal/obstetrical clinics (N=15)	40.0%
Primary care clinics (N=14)	50.0%
Labor and delivery (N=10)	30.0%
Emergency departments (N=8)	37.5%
Hospital inpatient (N=3)	33.3%
Urgent care clinics (N=2)	50.0%
Hospital outpatient (N=2)	50.0%
Other (methadone treatment, NEP, CBOs, anonymous test sites) (N=9)	66.7%
<i>Note: responses do not total 100% as multiple responses were allowed.</i>	

HIV prevention counseling is provided in conjunction with HIV screening efforts in most clinical settings, particularly in clinics which serve populations that tend to be at heightened risk for HIV (e.g., STD clinics, substance abuse treatment).

One survey item examined the primary sources by which patients are provided information about HIV testing. Responses are provided, by setting, in Table 8.

Table 8: Primary sources of patient's information about HIV testing	Nurse	Nurse and Counselor and/or Other Staff	HIV Counselor	Physician	Physician and Nurse	Other Staff	Pamphlet or Brochure
Sexually transmitted disease clinics (N=32)	46.4%	21.4%	21.4%	0.0%	3.6%	3.6%	3.6%
Community health clinics (N=21)	27.8%	33.4%	27.8%	5.4%	0.0%	0.0%	5.4%
Substance abuse treatment centers (N=21)	21.1%	10.6%	58.0%	0.0%	0.0%	10.5%	0.0%
Prenatal/obstetrical clinics (N=15)	30.0%	20.0%	10.0%	20.0%	20.0%	0.0%	0.0%
Labor and delivery (N=10)	42.9%	0.0%	0.0%	14.3%	28.6%	0.0%	0.0%
Primary care clinics (N=14)	42.9%	0.0%	42.9%	0.0%	14.2%	0.0%	0.0%
Family planning clinics (N=26)	45.5%	22.7%	18.3%	4.5%	4.5%	0.0%	4.5%
Hospital emergency departments (N=8)	20.0%	0.0%	60.0%	0.0%	0.0%	0.0%	20.0%
Urgent care clinics (N=2)	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
Hospital inpatient (N=3)	33.3%	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%
Hospital outpatient (N=2)	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TB clinics (N=21)	66.7%	0.0%	26.7%	6.6%	0.0%	0.0%	0.0%
Corrections (N=24)	59.2%	11.8%	29.4%	5.9%	0.0%	0.0%	0.0%

Responses strongly suggest that nurses are the most important source of information about health department-supported HIV testing in clinical settings where HIV screening is provided. HIV counselors also appear to be an important source of information about testing. Relatively few health departments indicated that physicians are a primary source of information about HIV testing. Very few health departments indicated that patients are provided with information primarily via written materials such as brochures and pamphlets.

Of the 35 health departments who have implemented HIV screening in clinical settings, 27 (79.4 percent) reported that the health department produces and distributes written patient information materials about HIV to be used in the context of HIV testing. Of these, four (15.4 percent) require that providers use these materials in conjunction with HIV testing.

Of the 35 health departments implementing HIV screening, eleven (34.4 percent) reported that, in the settings where HIV screening is conducted, HIV test results are provided by mail, telephone, or other methods that do not involve face-to-face interaction between a patient and a provider. Among these eleven health departments, eight respondents indicated that disclosure through means other than face-to-face is permitted in STD clinics, two indicated it is permitted in family planning clinics, one indicated it is permitted in prenatal/obstetrical clinics, and one indicated disclosure through alternative means is permitted in community health clinics.

Health departments that have implemented HIV screening efforts indicate that they have encountered a fair degree of resistance from providers regarding implementation, with 63.6 percent (N=21) responding in the affirmative to the question, “Have you experienced resistance from health care providers in implementing HIV screening in health care settings?” The kinds of resistance experienced by health departments are presented in Table 9.

Table 9: “What are the most commonly cited reasons for not wanting to implement HIV screening?” (N=21)	Percent responding
Lack of funding to support implementation (N=19)	90.5%
Informed consent statutes/regulations (N=11)	52.4%
Insufficient financial incentive (N=10)	47.6%
Other health insurance will not reimburse screening (N=9)	42.9%
Medicaid will not reimburse screening (N=8)	38.1%
Identification of appropriate settings/facilities (N=5)	23.8%
Maintaining patient confidentiality (N=5)	23.8%
Lack of mechanisms to ensure patient access to care (N=5)	23.8%
Counseling statutes/regulations (N=4)	19.0%
Lack of mechanisms to ensure patient access to prevention (N=4)	19.0%
Availability of care and treatment services (N=3)	14.3%
Discrimination/stigma (N=3)	13.3%
Other (N=9)	42.9%

Note: responses do not total 100% as multiple responses were allowed.

Financing is clearly an important factor in the context of facilitating and encouraging buy-in and engagement of providers in implementing screening approaches. Informed consent statutes and regulations were cited by a majority of respondents as an important source of provider resistance. It is not possible to discern from these data, however, whether the resistance is predicated upon misperceptions about what is required by statute/regulation or whether resistance relates to true barriers to implementation of screening. While a sizeable minority of respondents reported “other” sources of resistance, most of the responses addressed types of resistance previously mentioned (e.g., lack of funding, lack of reimbursement, inability to identify appropriate settings). There were, however, several mentions of resistance due to data requirements (i.e., PEMS), the perceived lack of appropriateness of screening in low prevalence settings, and the potential for interruptions to clinic flow.

Future HIV Screening Efforts

Health departments were asked to respond to a series of seven questions regarding future plans to implement HIV screening efforts supported by the health department within health care settings. Health departments were asked to indicate in what ways, if any, the CDC *Recommendations* would influence the health department's efforts to implement HIV screening in health care settings. The responses, according to the specific CDC recommendation, are presented in Tables 10a – 10d.

Table 10a: "In what ways, if any, will the CDC's recommendations influence the health department's efforts to implement HIV screening for adults and adolescents, ages 13-64 years?" (N=55)	Percent responding
Already implemented and plan to expand (N=14)	25.5%
Already implemented and plan to keep efforts the same (N=2)	3.6%
Planning to implement HIV screening (N=2)	3.6%
Currently discussing whether/how to implement screening (N=26)	47.3%
Have not yet begun discussing whether/how to implement (N=4)	7.3%
Have no plans to implement HIV screening (N=3)	5.5%
Other (e.g., "not sure," "implemented routine offering," "adopting without mandating," "health department does not fund clinical programs") (N=4)	7.3%

Health departments from high-to-moderate morbidity jurisdictions were more likely than either higher or lower morbidity jurisdictions to report having already implemented and/or planning to expand HIV screening, as a result of the CDC *Recommendations*. Forty-six percent of high-to-moderate jurisdictions reported having already implemented screening with plans to expand, compared with 25 percent of high morbidity jurisdictions and eight percent, each, of moderate and low morbidity jurisdictions. Three of the five cities (60 percent) responding to the survey indicate having already implemented screening with plans to expand.

High morbidity health departments were more likely than those from lower morbidity jurisdictions to report that they are currently discussing whether and/or how to implement the CDC *Recommendations*. Sixty-eight percent of high morbidity health departments reported that implementation discussions are underway compared with 39 percent of high-to-moderate morbidity jurisdictions, 46 percent of moderate morbidity jurisdictions, and 51 percent of low morbidity jurisdictions. The remaining two cities (40 percent) responded that planning discussions are underway.

Low morbidity jurisdictions were more likely than higher morbidity jurisdictions to report no plans to implement screening. Two low morbidity jurisdictions (17 percent) reported no plans while only one high morbidity jurisdiction and none of the high-to-moderate and moderate jurisdictions responded in this way.

Table 10b: “In what ways, if any, will the CDC’s recommendations influence the health department’s efforts to implement HIV screening for pregnant women as a routine part of prenatal care?” (N=55)	Percent responding
Already implemented as part of routine prenatal care (N=22)	40.0%
Planning to implement as part of routine prenatal care (N=5)	9.1%
Currently discussing how to implement/adjust screening as part of routine prenatal care (N=19)	34.5%
Have not yet begun discussing whether/how to implement as part of routine prenatal care (N=1)	1.8%
Have no plans to implement HIV screening as part of routine prenatal care (N=2)	3.6%
Other (e.g., “collaborate with programs wishing to expand,” “opt in is in place,” “standard of care,” “pregnant women must refuse HIV testing,” “have recommended routine prenatal screening since 1999”) (N=6)	10.9%

Low morbidity jurisdictions were least likely to report having already implemented HIV screening, pursuant to the CDC *Recommendations*. Only eight percent of low morbidity states reported having implemented HIV screening for pregnant women during prenatal care compared with 25 percent of high morbidity jurisdictions, 54 percent of high-to-moderate morbidity jurisdictions, and 62 percent of moderate morbidity jurisdictions. Three of the city health departments (60 percent) reported having already implemented HIV screening as part of prenatal care.

Low morbidity jurisdictions were also the most likely to indicate that discussions are currently underway regarding implementing or adjusting HIV screening efforts for pregnant women as a routine part of prenatal care. Sixty-eight percent of low morbidity jurisdictions reported discussions are underway, compared with 33 percent of high morbidity states, 31 percent of high-to-moderate states, and 15 percent of moderate morbidity states. One city health department reported that it is planning to implement screening as a routine part of prenatal care and one city health department indicated that discussions about implementation are underway.

Table 10c: “In what ways, if any, will the CDC’s recommendations influence the health department’s efforts to implement HIV screening for pregnant women during the third trimester of pregnancy?” (N=55)	Percent responding
Already implemented HIV screening in third trimester (N=11)	20.3%
Planning to implement HIV screening in third trimester (N=2)	3.7%
Currently discussing how to implement/adjust HIV screening in third trimester (N=14)	25.9%
Have not yet begun discussing whether/how to implement HIV screening in third trimester (N=13)	24.1%
Have no plans to implement HIV screening in third trimester (N=4)	9.3%
Other (e.g., “3 rd trimester testing at clinician’s discretion;” “currently standard of care;” “will collaborate with providers to implement”) (N=10)	18.6%

Low morbidity states were the most likely to report that they have not yet begun discussing whether or how to implement HIV screening for pregnant women during the third trimester of pregnancy. One-half of health departments from low morbidity jurisdictions indicated having not yet initiated discussions, compared with 31 percent of health departments in moderate morbidity jurisdictions, and eight percent from moderate-to-high and high morbidity jurisdictions. One city health department reported

that it has not yet begun discussions regarding implementation of HIV screening during the third trimester of pregnancy.

High morbidity health departments were more likely than lower morbidity health departments to report being currently engaged in discussions regarding implementation of HIV screening during the third trimester. Forty-two percent of high morbidity health departments indicated being currently engaged in such discussions, compared with 33 percent of health departments from high-to-moderate jurisdictions, 15 percent of moderate morbidity health departments, and 17 percent of low morbidity health departments. One city health department reported being currently engaged in these discussions.

Health departments from moderate morbidity jurisdictions were more likely than other health departments to indicate that they have already implemented HIV screening during the third trimester. Twenty-three percent of moderate morbidity health departments reported having already implemented screening during the third trimester, compared with 17 percent of health departments in high, high-to-moderate, and low morbidity jurisdictions. One city health department indicated having already implemented HIV screening for pregnant women during the third trimester.

Table 10d: "In what ways, if any, will the CDC's recommendations influence the health department's efforts to implement postpartum HIV testing of newborns whose mother's HIV status is unknown?" (N=52)	Percent responding
Already implemented postpartum testing of newborns (N=12)	23.1%
Planning to implement postpartum testing of newborns (N=3)	5.8%
Currently discussing how to implement/adjust postpartum testing of newborns (N=10)	19.2%
Have not yet begun discussing whether/how to implement (N=16)	28.8%
Have no plans to implement postpartum testing (N=9)	19.2%
Other (e.g., "currently recommended;" "recommended based on maternal risk") (N=2)	3.8%

Higher morbidity health departments were more likely than those from lower morbidity jurisdictions to report having already implemented postpartum testing of newborns. Thirty percent of high-to-moderate morbidity health departments and 25 percent of high morbidity health departments reported having already implemented postpartum screening, compared with ten percent of moderate morbidity jurisdictions and eight percent of low morbidity jurisdictions. Three city health departments reported having already implemented HIV screening postpartum.

Health departments from low morbidity jurisdictions were the most likely to indicate having not yet begun discussions regarding implementation of postpartum HIV screening. Fifty-eight percent of low morbidity health departments reported having not yet discussed implementation, compared with 40 percent of moderate morbidity health departments, 15 percent of moderate-to-high morbidity health departments, and 25 percent of high morbidity health departments.

Moderate morbidity health departments were more likely to report having no plans to implement postpartum HIV screening. Thirty percent of health departments from moderate morbidity health departments reported no plans to implement postpartum HIV screening, compared with 15 percent of high-to-moderate morbidity health departments, and 17 percent of low and high morbidity health departments.

Health departments were queried about the health care settings in which they planned to implement or expand HIV screening efforts in the year following the survey. Responses from the 38 jurisdictions that plan to implement and/or expand HIV screening in health care settings are presented in Table 11.

Table 11: "Please indicate the settings in which you plan to expand or implement HIV screening in the next year." (N=38)	Percent responding
Emergency departments (N=18)	48.6%
Community health clinics (N=10)	27.0%
Substance abuse treatment centers (N=10)	27.0%
Labor and delivery (N=10)	27.0%
Urgent care clinics (N=10)	27.0%
Primary care clinics (N=9)	24.3%
Hospital inpatient (N=8)	21.6%
Prenatal/obstetrical clinics (N=7)	18.9%
Hospital outpatient (N=7)	18.9%
Correctional facilities (N=7)	18.9%
Sexually transmitted disease clinics (N=6)	16.2%
Family planning clinics (N=5)	13.5%
TB clinics (N=5)	13.5%

Note: responses do not total 100% as multiple responses were allowed.

A large minority of health departments indicate they plan to implement or expand HIV screening efforts within hospital emergency departments within the year following the survey. Community health clinics, substance abuse treatment facilities, urgent care clinics, and labor and delivery settings also received mention by slightly less than one-third of respondents. Fewer health departments indicated plans to implement or expand HIV screening in STD clinics, correctional facilities, family planning clinics, and TB clinics.

As presented in Table 12, health departments are undertaking a variety of efforts to facilitate implementation of HIV testing⁹ in health care settings.

⁹ This question addressed implementation of HIV testing, in general, and not HIV screening, specifically.

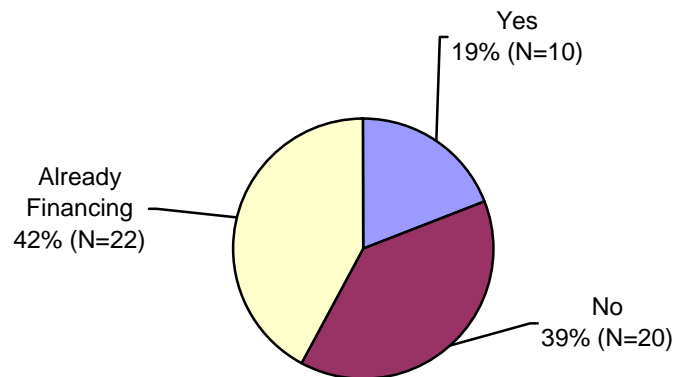
Table 12: Responses to “What additional efforts has the health department undertaken to facilitate HIV testing in health care settings?” (N=50)	Percent responding
Financially supporting HIV testing in health care settings (N=25)	50.0%
Reduced or simplified “counseling” requirements (N=17)	34.7%
HIV testing is reimbursable through Medicaid (N=16)	32.0%
Allow for verbal consent with documentation in patient charts (N=15)	28.8%
Simplified consent forms (N=13)	26.0%
HIV counseling is reimbursable through Medicaid (N=6)	12.0%
Other (e.g., provider education/technical assistance, developing sample consent forms and operational guidance) (N=12)	24.0%

Note: responses do not total 100% as multiple responses were allowed.

Many health departments are financially investing in HIV testing in health care settings. In addition to funding HIV testing efforts, health departments are addressing structural challenges to HIV testing in clinical settings including addressing counseling and consent requirements and reimbursement of testing and counseling through Medicaid.

Thirty-two health departments (56.8 percent) indicated that they plan to finance, or already are financing, HIV screening in health care settings, as indicated in Figure 6.

Figure 6: “Does the health department plan to financially support implementation of HIV screening in health care settings in the future?” (N=52)



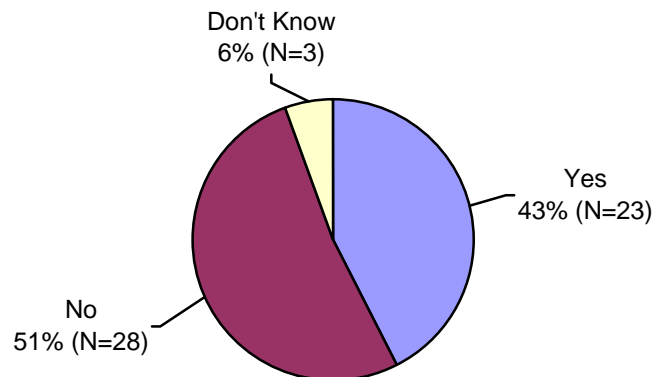
Among the 32 health departments already financing, or planning to finance in the future, HIV screening in health care settings, 16 (50 percent) will use CDC HIV prevention cooperative agreement funding to support these efforts; nine (28.1 percent) will use state/local funding; two (6.3 percent) will use other federal funding (e.g., SAMHSA was cited by one respondent); one (3.1 percent) will fund through Medicaid; one will fund with patient fees; and one health department indicated that Ryan White Title I (now “Part A”) funding would be used.

High morbidity health departments were more likely than lower morbidity health departments to indicate that they have no plans to finance HIV screening in health care settings in the future. Sixty-seven percent of high morbidity health departments reported they have no such plans, compared with 42 percent of low morbidity, and 31 percent, each, of moderate and high-to-moderate morbidity health departments. One of the five city health departments indicated that they have no plans to finance HIV screening in health care settings.

Moderate and high-to-moderate health departments were more likely than high or low morbidity health department to report that they are already financing HIV screening in health care settings. Fifty-four percent of high-to-moderate and moderate morbidity health departments are already financing HIV screening, compared with 11 percent of high morbidity health departments and 42 percent of low morbidity health departments. Two city health departments reported that they are already financing HIV screening in health care settings.

As illustrated in Figure 7, a sizeable minority of health departments is working with state-level professional provider organizations regarding the CDC *Recommendations*.

Figure 7: "Is the health department working with state-level professional health care provider organizations around the CDC's recommendations?" (N=54)



Among those health departments that described the nature of their collaboration (N=12), developing tools and implementation guidelines received frequent mention as did providing information and education to providers regarding the CDC *Recommendations* to professional groups via conferences or similar events.

High-to-moderate morbidity health departments were more likely than other jurisdictions to report working collaboratively with state-level professional organizations. Sixty-two percent of high-to-moderate morbidity health departments reported collaboration with

professional organizations compared with 36 percent of high morbidity health departments, 31 percent of moderate morbidity health departments, and 42 percent of low morbidity health departments. Two of the five city health departments indicated working with state-level professional health care provider organizations around implementation of HIV screening.

As illustrated in Table 13, health departments perceive lack of funding as the most important barrier to implementing HIV screening in health care settings. Provider buy-in was also identified as an important barrier as was statutory requirements associated with counseling and informed consent. One in five health departments indicated that lack of data to justify screening efforts present a barrier to implementation of HIV screening.

Table 13: "What are the most significant barriers to implementing HIV screening in health care settings in your jurisdiction?" (N=55)	Percent responding
Lack of funding to support implementation (N=43)	78.2%
Informed consent statutes/regulations (N=24)	43.6%
Insufficient financial incentive (N=22)	40.0%
Lack of provider buy-in (N=19)	34.5%
Educating health care providers about statutory requirements (N=21)	38.2%
Counseling statutes/regulations (N=16)	29.1%
Other health insurance will not reimburse screening (N=14)	25.5%
Lack of data to support or justify screening approaches (N=12)	21.8%
Discrimination/stigma (N=10)	18.2%
Identification of appropriate settings/facilities (N=8)	14.5%
Patient confidentiality (N=6)	10.9%
Lack of mechanisms to ensure patient access to care (N=5)	9.1%
Availability of care and treatment services (N=5)	9.1%
Lack of mechanisms to ensure patient access to prevention (N=5)	9.1%
Medicaid will not reimburse for HIV screening (N=5)	9.1%
Community opposition (N=5)	9.1%
Other (e.g., health provider awareness of HIV as an issue; lack of provider buy-in) (N=3)	5.5%
<i>Note: responses do not total 100% as multiple responses were allowed.</i>	

It is not possible to discern from these data whether the identified barriers are related to HIV screening efforts in general, or pursuant to the CDC *Recommendations*. While a sizeable minority of respondents indicated that informed consent statutes and/or regulations are a barrier to implementation of HIV screening in health care settings, it is not possible to discern from survey data whether the consent statutes/regulations are actual barriers or are perceived by providers to be barriers to HIV screening.

High morbidity health departments were somewhat more likely than lower morbidity health departments to cite consent statutes/regulations as barriers to implementation of screening. Sixty-seven percent of high morbidity health departments identified this as a barrier, compared with 23 percent of high-to-moderate morbidity health departments, 46 percent of moderate morbidity health departments, and 33 percent of low morbidity health departments. Three of the five city health departments cited this as a barrier.

Higher morbidity health departments were somewhat more likely than lower morbidity health departments to cite funding as a barrier to implementation of HIV screening. Eighty-three percent of high morbidity health departments and 100 percent of high-to-moderate morbidity health departments cited funding as a barrier to implementation compared with 69 percent of moderate morbidity health departments and 58 percent of low morbidity health departments. Four of the five city health departments cited funding as an implementation barrier.

Finally, health departments were asked to identify their concerns about implementing HIV screening in health care settings in their jurisdiction. Responses to this item are presented in Table 14.

Table 14: “What are your greatest concerns about implementing HIV screening in health care settings in your jurisdiction?” (N=55)	Percent responding
Obtaining funding to support implementation (N=43)	78.2%
Obtaining provider buy-in (N=31)	56.4%
Changing statutes/regulations (N=30)	54.5%
Ensuring cost-effective screening approaches (N=28)	50.9%
Ensuring informed consent (N=22)	40.0%
Ensuring patients gain access to care and treatment (N=21)	38.2%
Providing HIV testing without prevention counseling (N=18)	32.7%
Cost-benefit of HIV screening (N=17)	30.9%
Ensuring patients gain access to prevention and support (N=17)	30.9%
Educating health care providers about statutory requirements (N=17)	30.9%
Persuading other health insurers to reimburse screening (N=16)	29.1%
Discrimination/stigma (N=12)	21.8%
Identification of appropriate settings/facilities (N=10)	18.2%
Persuading Medicaid to reimburse screening (N=9)	16.4%
Patient confidentiality (N=8)	14.8%
Other (e.g., sustainability, redirection of resources from high risk populations, partner elicitation) (N=3)	5.5%
<i>Note: responses do not total 100% as multiple responses were allowed.</i>	

Financing HIV screening efforts in health care settings is a primary concern of health departments. Ensuring that HIV screening efforts are both cost-effective and cost-beneficial are also important concerns among health departments. Ensuring that informed consent is obtained from patients was also referenced as an important concern by a majority of health departments as were efforts associated with changing statutes and/or regulations associated with consent or counseling requirements.

High morbidity health departments were less likely than lower morbidity health departments to cite “obtaining provider buy-in” as a concern related to implementation of HIV screening. Forty-two percent of high morbidity health departments cited this as a concern, compared with 62 percent of high-to-moderate and moderate health departments, and 67 percent of low morbidity health departments. Two of the five city health departments cited provider buy-in as a concern.

High morbidity health departments were more likely than lower morbidity health departments to cite changing statutes and regulations as a concern associated with

implementation of HIV screening. Eighty-three percent of high morbidity health departments cited this as a concern, compared with 39 percent of high-to-moderate morbidity health departments, 54 percent of moderate morbidity health departments, and 42 percent of low morbidity health departments. Three of the five city health departments cited changing statutes and regulations as a concern associated with implementation of HIV screening.

DISCUSSION

Legal and Regulatory Environment for HIV Testing

A majority of jurisdictions reported statutory and/or regulatory requirements for written informed consent. A majority of jurisdictions also reported statutory and/or regulatory requirements for “pre-test counseling.” At the same time, 64 percent of health departments report having implemented HIV screening in clinical settings. The CDC *Recommendations* suggest that specific, written consent is a barrier to HIV screening in health care settings and therefore recommend that consent for HIV testing be incorporated into general consent for medical treatment and that written consent not be required. Respondents to this survey indicated that health care providers cite informed consent requirements as a barrier to implementation of HIV screening. The fact that a majority of health departments have implemented HIV screening in one or more clinical settings, often traditional public health venues, while maintaining written informed consent requirements suggests that more exploration is necessary to determine if these requirements are a perceived or actual barrier to implementation of HIV screening in health care settings. The data did not illuminate the factors, some unique to the jurisdictions in which they occur, that influence how statutes/regulations effect the implementation of HIV testing in *all possible* health care settings.

Similarly, the CDC *Recommendations* suggest that counseling is a barrier to HIV screening in health care settings and therefore recommend that HIV testing be performed in clinical settings without such counseling. While a majority of jurisdictions reported statutes or regulations requiring “counseling,” only one-third of respondents that reported such a requirement indicated that risk reduction planning is a component of these requirements. The majority of jurisdictions reported that “counseling,” as defined by statute or regulation, primarily refers to information about the test, such as the benefits and drawbacks of testing and the meaning of test results. This is consistent with the information that CDC recommends be provided in conjunction with HIV testing performed on a screening basis in health care facilities. This also suggests that more exploration is necessary to determine if “counseling” is a perceived or actual barrier to implementation of HIV screening in health care settings.

Over one-third of health departments indicated that they planned to pursue legal and/or regulatory change to enable implementation of HIV screening pursuant to CDC *Recommendations*. While few respondents provided precise, detailed descriptions of the specific changes that they planned to pursue, analysis of survey responses suggests that requirements regarding specific consent (i.e., permitting general consent) for HIV testing and pre-test counseling (i.e., permitting testing without counseling) may

be the primary targets of such efforts. These findings suggest that either the specific statutory or regulatory language in these jurisdictions is very restrictive or, alternatively, that the health departments in these jurisdictions have not considered or attempted other strategies for implementing HIV screening within the context of current statutes and/or regulations. Additional investigation into the specific statutory and/or regulatory language may be warranted in order to discern the reasons why these jurisdictions are pursuing legislative change rather than adopting other strategies to facilitate implementation of HIV screening in health care settings.

The findings about consent and counseling requirements suggests that provider education regarding legal and regulatory requirements may be more appropriate than is advocacy for legal or regulatory change to address such barriers. Similarly, technical assistance and education to providers may be beneficial in facilitating implementation of HIV screening in the context of and consistent with existing statutes and regulations.

Current HIV Screening Efforts

With 64 percent of health departments reporting having implemented HIV screening in health care settings, most health departments, while not all, appear to be relatively successful in implementing screening in certain settings, particularly in venues which are more “traditional” public health venues, such as STD and family planning clinics. These data underscore that health departments clearly understand the value of HIV screening in health care settings, particularly those serving clients at elevated risk for HIV. It further demonstrates their commitment to HIV testing as an essential tool for HIV prevention and to implementing HIV screening in ways which are responsive to the intent of the CDC *Recommendations* and which are also responsive to the current state and local statutory and regulatory environments.

Current screening efforts appear to rely heavily on funding from CDC HIV prevention cooperative agreements. State and/or local funding is also an important source of support for current screening efforts. Relatively few jurisdictions indicated reimbursement via Medicaid or other insurance providers supports HIV screening programs. At the same time, health departments indicate that a lack of funding and/or financial incentives are cited by providers as key reasons why they do not want to implement or expand HIV screening efforts.

Heavy reliance on public funding, especially in the form of federal grant funds, has important implications for the sustainability of existing screening efforts as well as for future expansion of HIV screening, particularly as public funding becomes increasingly constrained. This strongly suggests the need to work closely with insurers to ensure that HIV screening becomes broadly reimbursable. Health departments who have already successfully negotiated reimbursement via Medicaid and/or private insurers can serve as valuable sources of information in this regard. In order to continue to support and/or expand HIV screening efforts in health care settings, health departments will have to increasingly resort to diverting already constrained and scarce funding from other important primary HIV prevention efforts targeting populations at highest-risk for infection such as outreach, health education/risk reduction, health communication, and

partner services. This has the potential to undermine the effectiveness of essential prevention efforts that strive to prevent further spread of HIV.

The survey findings revealed surprisingly little involvement of physicians in providing information to patients about HIV testing. Instead, nurses appear to serve as a primary and important source of information about HIV testing in health care settings. This suggests that in order to ensure successful implementation of HIV screening, it is essential to engage nurses and to facilitate their buy-in for screening programs. This also suggests that it is appropriate to target nurses for training and education relative to implementing HIV screening, including operationalizing the CDC *Recommendations*.

HIV counselors and other staff (e.g., “testers” and “advocates”) also appear to be important sources of information to patients about HIV testing. This suggests that screening efforts can be successfully implemented with the involvement of dedicated non-clinical staff in conjunction with, or as a complement to, clinical staff. Additional examination of the specific models of implementation that utilize or rely on HIV counselors would be beneficial to expansion of HIV screening efforts. At the same time, emphasis on HIV counselors has implications for sustainability of HIV screening efforts, given that such models may be more costly than those that rely exclusively on existing clinical staff.

Future HIV Screening Efforts

While a majority of health departments have already implemented HIV screening of adults and adolescents in health care settings, slightly less than one-third of health departments report having implemented screening of adolescents and adults, pursuant to the CDC *Recommendations*. Forty-eight percent indicate that they are currently discussing whether and how to implement screening pursuant the CDC *Recommendations*. This suggests that health departments see value in HIV screening efforts in health care settings. It is important to highlight, however, that there has been a fair amount of confusion expressed by health departments since the release of the CDC *Recommendations* as to whether and/or the extent to which health departments are directly responsible for implementation of these recommendations. The data from this survey does not allow us to discern the particular reasons that health departments have implemented, are planning to implement, or are discussing implementing HIV screening in health care settings, especially in the context of the CDC *Recommendations*.

While nearly one-half of health departments indicated having already implemented HIV testing as a part of routine prenatal care, pursuant to the CDC *Recommendations*, a much smaller proportion indicated that they have already implemented testing during the third trimester or postpartum testing of newborns. Many health departments reported that they either have not yet begun discussion of third trimester and/or postpartum newborn testing or have no plans to do so. The reasons for this warrant further investigation as they cannot be determined from the survey data.¹⁰

¹⁰ While the data collected from the survey do not explain the reasons for limited third trimester and/or postpartum testing, the success of perinatal HIV prevention efforts in the U.S. are a likely cause.

With respect to venues for expansion of HIV screening, nearly one-half of health departments indicate that they plan to implement or expand HIV screening efforts within hospital emergency departments. Slightly less than one-third of health departments indicate plans to expand HIV screening into community health clinics, substance abuse treatment facilities, urgent care clinics, and labor and delivery settings. Relatively few health departments indicated plans to implement or expand HIV screening in STD clinics, correctional facilities, family planning clinics, and TB clinics. This may be due to the fact that health departments have already taken the lead in implementing and supporting HIV screening efforts in these types of facilities, which are more “traditional” public health venues.

Many health departments have undertaken efforts to facilitate implementation of HIV screening in health care settings including working with state-level professional provider organizations to develop education and training opportunities and development of tools and/or operational guidance for providers. Even so, health departments cite a number of existing barriers to and concerns about implementation of HIV screening. Funding to support implementation was reported by health departments as both the most important barrier and greatest concern. This suggests that discussion of strategies to leverage other funding streams and/or to induce insurers to reimburse for HIV screening should be made a high priority for education and advocacy efforts.

Buy-in of health care providers to implementing screening was also cited as an important barrier and concern. Data from this survey do not provide the reasons for this lack of buy-in which could be related to a number of factors including a lack of appreciation of the impact of HIV in the populations served by a particular facility; understanding of the value of screening strategies; or awareness of models and strategies for operationalizing HIV screening, particularly within the context of existing statutory and/or regulatory requirements. Gaining a fuller understanding of the specific reasons for provider resistance to HIV screening will provide direction to education and technical assistance efforts.

RECOMMENDATIONS

The findings from this survey demonstrate clearly that health departments understand the value of HIV screening as part of their overall prevention efforts and are committed to implementing HIV screening as a means of enhancing HIV prevention efforts. Based on the findings of this survey, the following recommendations should be considered priorities to support health departments in implementing and/or expanding HIV screening in health care settings.

- Continue to support and encourage health departments in the implementation of HIV screening, but not at the expense of other critical primary prevention efforts, particularly targeted HIV testing programs. Prevention portfolios

Currently, CDC provides supplemental funding for perinatal transmission prevention to only 15 jurisdictions through the Health Department Cooperative Agreement. Even so, testing as a part of routine prenatal care, pursuant to the CDC *Recommendations*, is widely practiced by health departments.

- managed by health departments must be both comprehensive and responsive to the needs of multiple populations and stakeholders with diverse needs and priorities. HIV screening efforts must be balanced with supporting and sustaining a range of programming, including health education/risk reduction, health communication, and partner services. In order to scale up health department leadership in the implementation of HIV screening in health care settings, new, adequate, and stable funding must be identified and made available to health department HIV/AIDS programs.
- Support and provide peer-mediated technical assistance and guidance to health departments to enable them to implement HIV screening within current statutory/regulatory environments. Such assistance and guidance should emphasize identification and dissemination of strategies utilized by states that have successfully implemented HIV screening in diverse settings (e.g., through streamlining counseling and consent requirements).
 - Provide peer-mediated technical assistance and consultation to health departments to make well-informed and data-driven decisions regarding implementation of HIV screening in health care settings (e.g., Which facilities should be targeted? When is a risk-based approach more feasible and/or economical?).
 - Develop and disseminate guidance to health departments regarding working with and persuading state Medicaid programs to reimburse for HIV screening. Such guidance should be developed in collaboration with appropriate national and federal partners.
 - Engage in national-level advocacy and education to encourage third-party payers to reimburse health care providers for HIV screening. Provide guidance and assistance to health departments to engage in such advocacy and education at the state and local levels.
 - Collaborate with the CDC and other federal agencies, as well as national-level professional organizations (e.g., American Medical Association, American Academy of HIV Medicine, HIV Medicine Association) to develop education and training opportunities in support of HIV screening to facilitate buy-in from providers, particularly nurses, to screening approaches; to ensure that training and technical assistance opportunities are responsive to statutory and regulatory requirements of individual jurisdictions; and to ensure that health departments are promoted, appropriately, as an essential source of information and expertise regarding implementation of HIV screening.
 - Encourage and provide guidance to state health departments to collaborate and coordinate with state-level professional provider organizations to develop and implement educational and training efforts in support of HIV screening.

LIMITATIONS

There are several limitations to these findings. All data were self-reported and are subject to the knowledge and interpretation of the individual(s) who completed the survey. Responses provided, particularly as they relate to explanation of statutes and

regulations, may be incomplete or may not completely and accurately represent those statutes and regulations which are often complex and nuanced.

While “screening” was specifically defined on the survey tool¹¹, some respondents may not have adhered strictly to that definition in providing responses. Similarly, the questionnaire included questions designed to examine implementation of screening efforts and other questions which were intended to examine implementation of screening, pursuant to the CDC *Recommendations*. Inconsistencies in responses across some questions suggest that some health departments were not able to make this distinction either because the questions were not clear or because they did not have a strong understanding of and familiarity with the CDC *Recommendations*.

¹¹ The first page of the survey questionnaire included the following, “*Please note: For the purposes of this assessment, HIV screening is defined as voluntary HIV testing performed for all patients in a setting unless the patient specifically declines HIV testing, i.e., opt out testing.*”

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APPENDIX A



Assessment of Efforts to Implement HIV Screening in Health Care Settings

Please read the following instructions to complete the Assessment

The Assessment of Efforts to Implement HIV Screening in Health Care Settings includes electronic formatting to assist you in completing the assessment via computer. The main formatting includes check boxes () and text boxes (____). These electronic formats only appear within the document as it is viewed by computer. If necessary to print the assessment for completion, these inclusions will not appear as they do electronically.

All respondents can maneuver through the assessment by using the "tab" key or double click with your mouse. The assessment is "locked" and data may only be entered in designated cells. You can return to any question at any point to change or review your entry.

- To use the check box () option, place your cursor inside the box that signifies your selection and click the mouse. An "x" will appear. If you choose a box incorrectly, simply click it again and the "x" will disappear.
- The text boxes (____) appear in the document as a gray box until you tab to it to respond at which point it will turn black. The text boxes will grow as filled in.
- Once you have completed the assessment, **PLEASE SAVE THE DOCUMENT** as: ("your state name") HIV Screening Assessment.doc (e.g., "America HIV Screening Assessment.doc") and email it to cjorstad@nastad.org or send by fax to (202) 434-8092.

Thank you for your valuable input and time! If you have any questions regarding the assessment, please feel free to contact [Connie Jorstad](mailto:cjorstad@nastad.org) or by phone at 202-434-7128.

ASSESSMENT OF HEALTH DEPARTMENT EFFORTS TO IMPLEMENT HIV SCREENING IN HEALTH CARE SETTINGS

This assessment is being conducted by NASTAD to gain a better understanding of health department efforts to implement and support HIV screening in health care settings (public and private), including barriers and facilitators associated with HIV screening programs. This assessment is also intended to examine the extent to which the Centers for Disease Control and Prevention's (CDC) recently released recommendations regarding HIV screening in health care settings have or will influence health department activities related to implementation of HIV screening programs. Please return the completed survey as soon as possible but no later than **March 15, 2007**.

Jurisdiction:

Contact:

Phone:

Email:

Please note: For the purposes of this assessment, HIV screening is defined as "Voluntary HIV testing performed for all patients in a setting unless the patient specifically declines HIV testing, i.e., 'opt out' testing."

SECTION I: LEGAL AND REGULATORY ENVIRONMENT

The questions in this section address the legal and regulatory environment in which HIV testing is conducted within your jurisdiction. The legal and regulatory provisions for HIV testing in your jurisdiction may be different for doctors (or other health care professionals) than for other providers of HIV testing, such as community-based organizations. Similarly, the legal and regulatory provisions associated with HIV testing for pregnant or delivering women may be different than for other adults and adolescents. Please describe these differences as precisely as possible in response to the questions below.

1. Is specific consent for HIV testing **required** by statute or regulation¹² in your jurisdiction?
 - Yes, specific consent for HIV testing is required by statute in all circumstances
 - Yes, specific consent for HIV testing is required by regulation in all circumstances
 - No
 - General consent¹³ for HIV testing is permitted in certain circumstances (e.g., for pregnant women) (Please describe: _____)
 - Don't know
2. Is signed written consent for HIV testing **required** by statute or regulation in your jurisdiction?
 - Yes, signed written consent is required by statute in all circumstances
 - Yes, signed written consent is required by regulation in all circumstances
 - No
 - Verbal consent for HIV testing is permitted in certain circumstances (e.g., for pregnant women) (Please describe: _____)

¹² Statutes are enacted by the legislative branch of a government. Under authority granted by statute, administrative agencies adopt, amend, and repeal regulations.

¹³ "General consent" means that consent for HIV screening has been incorporated into a patient's general informed consent for medical care on the same basis as other screening and diagnostic tests and that consent specific to HIV testing is not required.

Don't know

3. Is provision of HIV testing without "pre-test counseling" **prohibited** by statute or regulation in your jurisdiction?

- Yes, provision of HIV testing without "pre-test counseling" is prohibited by statute in all circumstances
- Yes, provision of HIV testing without "pre-test counseling" is prohibited by regulation in all circumstances
- No
- Provision of HIV testing without "pre-test counseling" is permitted in certain circumstances (e.g., for pregnant women) (Please describe: _____)
- Don't know

3a. If "Yes," which of the following are required to be provided as part of "pre-test counseling?" Check all that apply.

- Information about the HIV test
- Benefits and drawbacks of the test
- Meaning of test results
- Legal rights of a test subject (e.g., anonymous testing)
- Disclosure of results
- Risk assessment
- Risk reduction planning
- Other (Please describe: _____)

4. Is disclosure of HIV test results by mail, telephone or similar means **prohibited** by statute or regulation in your jurisdiction?

- Yes, by statute
- Yes, by regulation
- No
- Disclosure of HIV test results by mail, telephone or similar means is permitted in certain circumstances (Please describe: _____)
- Don't know

5. Is voluntary HIV screening (i.e., "opt out" testing) **required** by statute or regulation in your jurisdiction for any specific population or any specific circumstances?

- Yes, by statute (Please provide citations: _____)
- Yes, by regulation (Please provide citations: _____)
- No
- Don't Know

5a. If "Yes," please indicate the specific populations or circumstances in which voluntary HIV screening (i.e., "opt out" testing) is required by statute or regulation. Check all that apply.

- Pregnant or delivering women
- Newborns
- Prisoners
- Clients of substance abuse treatment centers
- Clients of STD clinics
- Other (Please describe: _____)

6. Are there other specific statutory or regulatory barriers in your jurisdiction which would prevent the implementation of HIV screening (pursuant to CDC recommendations) in health care settings?

- Yes
- No
- Don't know

6a. If "Yes," please describe: _____

7. Does the health department plan to pursue legislative or regulatory changes to enable implementation of HIV screening (pursuant to CDC recommendations) in health care settings in your jurisdiction?

Yes No Don't know

7a. If "Yes," please describe: _____

8. Are groups/organizations outside of the health department planning to pursue legislative or regulatory changes to enable implementation of HIV screening (pursuant to CDC recommendations) in health care settings in your jurisdiction?

Yes No Don't know

8a. If "Yes," please describe: _____

SECTION II: CURRENT HIV SCREENING EFFORTS

The questions in this section address HIV screening efforts that the health department currently supports, to any degree, through funding, provision of test kits or similar kinds of support.

9. Has the health department implemented HIV screening in health care settings?

- Yes No ***(Please skip to Section III)***

10. If "Yes," please indicate how long HIV screening has been implemented for each health care setting.

Setting	<u>Not conducting HIV screening</u>	<u><6months</u>	<u>6mos – 1_year</u>	<u>1-2 years</u>	<u>>2 years</u>
Sexually transmitted disease clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health clinics (e.g., federally qualified health clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal/obstetrical clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital emergency departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please indicate how HIV screening is financed for each setting in which these services have been implemented.

Setting	<u>CDC HIV Prevention Cooperative Agreement Funding</u>	<u>State/Local Funding</u>	<u>Reimbursement via Medicaid</u>	<u>Reimbursement via other insurance</u>	<u>Other method of funding</u>
Sexually transmitted disease clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal/obstetrical clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital emergency departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated "other source of funding" for any of the above settings, please describe.

12. In the settings where HIV screening is performed, has consent for HIV screening been incorporated into a patient's general informed consent for medical care on the same basis as other screening and diagnostic tests (i.e., separate consent for HIV testing is not required)? Yes No

12a. If "Yes," in which settings is general consent sufficient for HIV testing?

- | | |
|---|---|
| <input type="checkbox"/> Sexually transmitted disease clinics | <input type="checkbox"/> Hospital emergency departments |
| <input type="checkbox"/> Community health clinics | <input type="checkbox"/> Urgent care clinics |
| <input type="checkbox"/> Substance abuse treatment centers | <input type="checkbox"/> Hospital inpatient settings |
| <input type="checkbox"/> Prenatal/obstetrical clinics | <input type="checkbox"/> Hospital outpatient settings |
| <input type="checkbox"/> Labor and delivery settings | <input type="checkbox"/> TB clinics |
| <input type="checkbox"/> Primary care clinics | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Family planning clinics | <input type="checkbox"/> Other (Please describe: _____) |

13. In which of the following settings is HIV prevention counseling provided in conjunction with HIV testing? (Note: Prevention counseling refers specifically to client-centered risk assessment and risk-reduction planning.)

- | | |
|---|--|
| <input type="checkbox"/> Sexually transmitted disease clinics | <input type="checkbox"/> Hospital emergency departments |
| <input type="checkbox"/> Community health clinics | <input type="checkbox"/> Urgent care clinics |
| <input type="checkbox"/> Substance abuse treatment centers | <input type="checkbox"/> Hospital inpatient settings |
| <input type="checkbox"/> Prenatal/obstetrical clinics | <input type="checkbox"/> Hospital outpatient settings |
| <input type="checkbox"/> Labor and delivery settings | <input type="checkbox"/> TB clinics |
| <input type="checkbox"/> Primary care clinics | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Family planning clinics | <input type="checkbox"/> Other: (please describe: _____) |

13a. In the settings where HIV prevention counseling is provided, are there certain patient populations for which HIV prevention counseling is not required?

Setting: _____
Patient Population: _____

14. In each of the settings where HIV screening is conducted, who or what is the **primary source** of a patient's information about HIV testing (e.g., the meaning of results, the benefits/drawbacks of testing)?

Setting	Physician	Nurse or other health care worker	HIV counselor	Other Staff	Pamphlet or brochure	Other Method (Please describe.)
Sexually transmitted disease clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community health clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse treatment centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prenatal/obstetrical clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labor and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family planning clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital emergency departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urgent care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TB clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Please describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15. Does the health department produce and distribute written patient information materials about HIV to be used in the context of HIV testing (e.g., pamphlets)?

Yes No

15a. If "Yes," are health care providers **required** to use the health-department-developed patient materials?

Yes No

16. In the settings where HIV screening is conducted, are HIV test results ever provided by mail, telephone or other method that does not involve face-to-face interaction with a patient?

Yes No

16a. If "Yes," which settings can provide patients with test results via phone, mail or similar methods?

- | | |
|---|---|
| <input type="checkbox"/> Sexually transmitted disease clinics | <input type="checkbox"/> Hospital emergency departments |
| <input type="checkbox"/> Community health clinics | <input type="checkbox"/> Urgent care clinics |
| <input type="checkbox"/> Substance abuse treatment centers | <input type="checkbox"/> Hospital inpatient settings |
| <input type="checkbox"/> Prenatal/obstetrical clinics | <input type="checkbox"/> Hospital outpatient settings |
| <input type="checkbox"/> Labor and delivery settings | <input type="checkbox"/> TB clinics |
| <input type="checkbox"/> Primary care clinics | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Family planning clinics | <input type="checkbox"/> Other (Please describe: _____) |

17. Have you experienced resistance from health care providers in implementing HIV screening in health care settings?

Yes No

17a. If "Yes," what do providers most commonly cite as reasons for not wanting to implement HIV screening?

- Identification of appropriate settings/facilities where HIV screening can be conducted
- Lack of funding to support implementation of HIV screening
- Medicaid will not reimburse for HIV screening
- Other health insurance will not reimburse for HIV screening
- Insufficient financial incentive to implement HIV screening
- Informed consent statutes/regulations
- Counseling statutes/regulations
- Availability of care and treatment services
- Maintaining patient confidentiality
- Discrimination/stigma
- Lack of mechanisms to ensure patients gain access to care and treatment
- Lack of mechanisms to ensure patients gain access to prevention and support services
- Other (Please describe: _____)

SECTION III: FUTURE HIV SCREENING EFFORTS

The questions in this section address future HIV screening efforts that the health department may be considering.

18. In what ways, if any, will the CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings* influence the health department's efforts to implement...

18a. HIV screening for adults and adolescents (13-64 years old) in health care settings?

- We have already implemented HIV screening and plan to expand current HIV screening efforts
- We have already implemented HIV screening and plan to keep current HIV screening efforts the same
- We are planning to implement HIV screening
- We are currently discussing whether/how to implement HIV screening
- We have not begun discussing whether/how to implement HIV screening
- We have no plans to implement HIV screening efforts for adults and adolescents
- Other (Please describe: _____)

18b. HIV screening of pregnant women in health care settings as a part of routine prenatal care?

- We have already implemented HIV screening for pregnant women as a part of routine prenatal care
- We are planning to implement HIV screening for pregnant women as a part of routine prenatal care
- We are currently discussing how to implement/adjust HIV screening efforts for pregnant women as a part of routine prenatal care
- We have not begun discussing whether/how to implement HIV screening for pregnant women as a part of routine prenatal care
- We have no plans to implement HIV screening efforts for pregnant women as a part of routine prenatal care
- Other (Please describe: _____)

18c. HIV screening of pregnant women in health care settings during the third trimester of pregnancy?

- We have already implemented HIV screening for pregnant women during the third trimester of pregnancy
- We are planning to implement HIV screening for pregnant women during the third trimester of pregnancy
- We are currently discussing how to implement/adjust HIV screening efforts for pregnant women during the third trimester of pregnancy
- We have not begun discussing whether/how to implement HIV screening for pregnant women during the third trimester of pregnancy
- We have no plans to implement HIV screening efforts for pregnant women during the third trimester of pregnancy
- Other (Please describe: _____)

18d. Postpartum HIV testing of newborns whose mother's HIV status is unknown?

- We have already implemented postpartum HIV testing of newborns whose mother's HIV status is unknown
- We are planning to implement postpartum HIV testing of newborns whose mother's HIV status is unknown

- We are currently discussing how to implement/adjust postpartum HIV testing of newborns whose mother's HIV status is unknown
- We have not begun discussing whether/how to implement postpartum HIV testing of newborns whose mother's HIV status is unknown
- We have no plans to implement postpartum HIV testing of newborns whose mother's HIV status is unknown
- Other (Please describe: _____)

19. If you are planning to expand or implement HIV screening in health care settings within the next year, please indicate in which settings?

- | | |
|---|---|
| <input type="checkbox"/> Sexually transmitted disease clinics | <input type="checkbox"/> Hospital emergency departments |
| <input type="checkbox"/> Community health clinics | <input type="checkbox"/> Urgent care clinics |
| <input type="checkbox"/> Substance abuse treatment centers | <input type="checkbox"/> Hospital inpatient settings |
| <input type="checkbox"/> Prenatal/obstetrical clinics | <input type="checkbox"/> Hospital outpatient settings |
| <input type="checkbox"/> Labor and delivery settings | <input type="checkbox"/> TB clinics |
| <input type="checkbox"/> Primary care clinics | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Family planning clinics | <input type="checkbox"/> Other (Please describe: _____) |

20. What additional efforts has the health department undertaken to facilitate HIV testing in health care settings (apart from implementing HIV screening)? Check all that apply.

- We have reduced or streamlined "counseling" requirements. (Please describe: _____)
- We have simplified consent forms
- HIV testing is reimbursable through Medicaid
- HIV counseling is reimbursable through Medicaid
- We allow for verbal consent with documentation in patient charts
- We are financially supporting HIV testing in health care settings
- Other (Please describe: _____)

21. Does the health department plan to financially support implementation of HIV screening in health care settings in the future?

- Yes
- No
- We already financially support HIV screening in health care settings as indicated in question 11.

21a. If "Yes," with what funding source(s) does the health department plan to financially support implementation of HIV screening in health care settings? Check all that apply.

- CDC HIV prevention cooperative agreement funding
- Other federal funding (Please describe: _____)
- State/local funding
- Medicaid
- Medicare
- Private/other health insurance
- Patient fee
- Other (Please describe: _____)

22. Is the health department currently working with any state-level professional health care provider organizations around the CDC's recommendations (e.g., for provider education, training or technical assistance, statutory or regulatory changes)?

- Yes
- No
- Don't know

22a. If "Yes," please describe: _____

23. What are the most significant barriers to implementing HIV screening in health care settings in your jurisdiction?

- Identification of appropriate settings/facilities in which to implement HIV screening
- Lack of data to support or justify screening approaches
- Lack of funding to support implementation
- Medicaid will not reimburse for HIV screening
- Other health insurance will not reimburse for HIV screening
- Insufficient financial incentive to providers
- Lack of provider buy-in
- Community opposition
- Informed consent statutes/regulations
- Counseling statutes/regulations
- Availability of care and treatment services
- Maintaining patient confidentiality
- Discrimination/stigma
- Lack of mechanisms to ensure patients gain access to care and treatment
- Lack of mechanisms to ensure patients gain access to prevention and support services
- Educating health care providers about statutory/regulatory requirements
- Other (Please describe: _____)

24. What are your greatest concerns about implementing HIV screening in health care settings in your jurisdiction?

- Identifying the most appropriate settings/facilities in which to implement HIV screening
- Ensuring cost effectiveness of screening approaches
- Obtaining funding to support implementation of HIV screening
- Persuading Medicaid
- Persuading other health insurers to reimburse for HIV screening
- Costs/benefits of HIV screening
- Obtaining provider buy-in
- Changing statutes or regulations
- Ensuring informed consent
- Providing HIV testing without prevention counseling
- Maintaining patient confidentiality
- Discrimination/stigma
- Ensuring that patients gain access to care and treatment
- Ensuring that patients gain access to prevention and support services
- Educating health care providers about statutory/regulatory requirements
- Other (Please describe: _____)

Health departments are encouraged to provide additional comments to help us to better understand and characterize HIV testing (including screening) efforts in your jurisdiction.

Thank you for your time!

Please return the completed survey as soon as possible, but no later than March 15, 2007, to Connie Jorstad at cjorstad@nastad.org or via fax at 202.434.8092.

APPENDIX B
Jurisdiction-by-Jurisdiction Comparison of Statutes and Regulations for HIV Testing¹⁴

STATE/CITY	Specific consent for HIV testing required	Signed, written consent for HIV testing required	HIV testing without pre-test counseling prohibited	Disclosure of HIV test results by mail, telephone or similar means prohibited	Voluntary screening required for specific population or circumstance
Alabama	N	R	S	S	N
Alaska	N	N	N	N	N
Arizona	S	C	N	N	N
Arkansas	S	N	S	R	S
California	S	C	C	N	N
Chicago	S	S	S	N	N
Colorado	C	C	C	C	N
Connecticut	S	C	C	N	N
Delaware	S+R	S	S	R	N
District of Columbia	N	N	N	N	N
Florida	C	C	C	C	S+R
Georgia	NR	NR	NR	NR	NR
Hawaii	S	C	S	N	N
Houston	C	S	N	N	S
Idaho	N	N	N	N	N
Illinois	C	C	C	C	N
Indiana	C	N	C	N	S
Iowa	S	N	S	N	N
Kansas	N	S	N	N	N
Kentucky	N	C	R	S+R	N
Los Angeles County	S	C	C	N	N
Louisiana	S	S	S	R	S
Maine	S	S	S	S	N
Maryland	S+R	S+R	S+R	C	N
Massachusetts	S	S	R	N	N
Michigan	S	S	S	N	N
Minnesota	N	6	N	N	N
Mississippi	N	N	N	R	R
Missouri	S	N	N	N	S
Montana	S	N	N	S	N
Nebraska	S	S	N	N	S
Nevada	S+R	S	N	N	N
New Hampshire	S	N	S	N	N

¹⁴ The data in this table are current as of February 2007. As some states have pursued, or are currently pursuing, policy change initiatives, some data points may have changed by the time this report is released.

STATE/CITY	Specific consent for HIV testing required	Signed, written consent for HIV testing required	HIV testing without pre-test counseling prohibited	Disclosure of HIV test results by mail, telephone or similar means prohibited	Voluntary screening required for specific population or circumstance
New Jersey	N	N	N	N	S+R
New Mexico	S	N	C	N	N
New York	S	S	S	N	--
New York City	S	S	S	N	N
North Carolina	N	N	S	N	N
North Dakota	N	N	N	C	N
Ohio	S	S	S	R	N
Oklahoma	N	N	N	N	N
Oregon	C	C	N	N	S
Pennsylvania	S	S	S	S	N
Philadelphia	S	S	S	S	N
Rhode Island	S+R	S+R	S+R	S+R	N
San Francisco	NR	NR	NR	NR	NR
South Carolina	N	N	N	N	N
South Dakota	N	N	N	N	N
Tennessee	C	N	N	N	S
Texas	N	N	N	C	--
Utah	N	N	N	N	N
Vermont	C	C	N	N	N
Virginia	S	N	S	C	N
Washington	R	C	R	N	N
West Virginia	S+R	S+R	S+R	N	N
Wisconsin	S	S	N	C	N
Wyoming	R	R	R	R	R

KEY:

- S = required/prohibited by statute
- R = required/prohibited by regulation
- S+R = required/prohibited by statute and regulation
- C = exceptions to statute and/or regulation
- N = not required/prohibited by statute or regulation
- NR = jurisdiction did not respond to survey

APPENDIX D
Grouping of States by Morbidity and Directly-Funded Cities

<u>High</u>	<u>High-to-Moderate</u>	<u>Moderate</u>	<u>Low</u>	<u>Directly-Funded Cities</u>
California	Alabama	Arkansas	Alaska	Chicago
Dist. Of Columbia	Arizona	Delaware	Idaho	Houston
Florida	Colorado	Hawaii	Iowa	Los Angeles County
Georgia	Connecticut	Kansas	Maine	New York City
Illinois	Indiana	Kentucky	Montana	Philadelphia
Louisiana	Michigan	Minnesota	Nebraska	San Francisco
Maryland	Mississippi	Nevada	New Hampshire	
Massachusetts	Missouri	New Mexico	North Dakota	
New Jersey	North Carolina	Oklahoma	South Dakota	
New York	Ohio	Oregon	Vermont	
Pennsylvania	South Carolina	Rhode Island	West Virginia	
Texas	Tennessee	Utah	Wyoming	
Virginia	Washington	Wisconsin		