



State Level Policy Change to Address Systemic Barriers to Expanding HIV Testing

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OBJECTIVE:

The California State Office of AIDS estimates that 30,000-40,000 Californians are unaware they are HIV-positive, preventing them from receiving appropriate HIV treatment and possibly jeopardizing their health and the health of their sex and drug-using partners. As a result of eliminating the requirement for written consent in May 2006, the San Francisco Department of Public Health Medical Care System estimates that their HIV testing rates have increased

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by 67% per month¹. Based on this success, the San Francisco AIDS Foundation (SFAF) has developed an evidence-based, multi-pronged policy and legislative strategy to modify existing systemic barriers with the aim of increasing HIV testing statewide.

METHODS:

HIV testing policy exists amid a complicated landscape of pressures about patient privacy as well as a communitarian concern that all people know their status. SFAF, in collaboration with an alliance of state organizations embarked on strategy to change existing law and policy through direct lobbying, advocacy and coalition work. Challenges from professional associations, other advocates, and legislators have been met with negotiation,

compromise (e.g., bill amendments), and persistence, as appropriate.

In addition to our legislative campaign, SFAF participates in many state-wide efforts to inform medical providers about the CDC recommendations with the aim of expanding HIV testing into a variety of settings, including emergency and urgent care departments.

RESULTS:

In 2007, we worked to introduce two bills. AB 682 eliminated the requirement for doctors to get a separate written informed consent for conducting an HIV test while protecting the confidentiality and opt-out rights of patients. It passed and went into effect on January 1, 2008. AB 1442 sought to change the state requirement that providers obtain a separate clinical laboratory license in order to perform rapid HIV testing. The bill has been held in the Legislature while advocates explore making these changes through regulatory channels.

A critical first step in making HIV screening routine in California by ensuring that both patients and their health care providers are aware that insurance will cover an HIV test.



In 2008, SFAF actively supported AB 1894, which requires health insurers to cover an HIV test even if it is unrelated to the primary diagnosis. The bill was successfully passed out of the Legislature and was signed by Governor Arnold Schwarzenegger in late September. AB 1894 is considered a critical first step in making HIV screening routine in California by ensuring that both patients and their health care providers are aware that insurance will cover an HIV test.

To address a further barrier to expanded HIV testing, SFAF will introduce a bill in the 2009 Legislative session to eliminate the current requirement in California law that a person must have a limited phlebotomy license in order to perform a rapid HIV test. This additional requirement is unique to California and has created a significant barrier to expanding rapid HIV testing.

CONCLUSIONS:

SFAF, working in coalition with other organizations, legislators, and health care professionals, has been successful in using legislation, advocacy, and education to address systemic barriers to increasing HIV testing in California.

¹Zetola, NM, Grijalva, CG, Gertler, S, et al. (2008) Simplifying Consent for HIV Testing Is Associated with an Increase in HIV Testing and Case Detection in Highest Risk Groups, San Francisco January 2003–June 2007. *PLoS ONE* 3(7).