

HIV Testing Law Summary Meeting Notes

Chapter 308 of the Laws of 2010 authorizing significant changes in HIV testing in New York State was enacted to increase HIV testing in the State and promote HIV-positive persons entering into treatment.

Persons responsible for implementing and developing policies and procedures on HIV testing were invited to regional meetings about the implementation of the amended HIV testing law.

The purpose of the regional meetings were to discuss successes, challenges and best practices and to gain input from key stakeholders regarding the implementation of the HIV Testing Law. The information learned from the meetings assists the AIDS Institute in informing changes in the HIV Testing Law FAQ (Frequently Asked Questions) document, and on-going recommendations on implementation.

Regional forums were held in NYC, Rochester and Albany during August, 2013.

Two sessions were held in each regional forum regarding the HIV Testing Law. One 90 minute session was held for providers and key policy staff within impacted agencies. One 120 minute session was held for the general public.

The meeting agenda included:

- I. Welcome and Introductions**
 - Expected meeting outcomes
 - Overview of the cascade
- II. HIV Testing Law Overview**
 - Key provisions of the law
 - Steps taken to promote implementation
- III. HIV Testing Law Evaluation and Monitoring**
- III. Targeted Question and Answer Period**
 - Series of questions from the facilitator
 - Participant discussion
- V. Closing and Next Steps**

Key talking points included an overview of the testing law and summary of the evaluation process undertaken to determine the impact of the Law. Approximately 30 participants attended the 90 minute sessions across the three regions. Approximately 130 participants attended the 120 minute sessions across the three regions.

Across the regions key themes were noted related to the on-going implementation of the HIV Testing Law.

November, 2013

1. **Consent:** Participants identified the need for streamlined consent, noting informed consent as a major barrier. The recommendation was to allow a simplified consent process such as verbal consent for all HIV testing or patient opt out of testing as an alternative to affirmative consent.
2. **Negative test results:** Simplification of the process for the return of negative test results was recommended.
3. **CLEP(Clinical Laboratory Evaluation Program):** Simplification of existing CLEP requirements was recommended.
4. **Education and training:** The need for education and training in emergency departments (ED), private practices and among practitioners, particularly related to the offer of testing and treatment of minors and seniors, was noted.
5. **Minors:** Clarification on testing of minors, treatment of minors and insurers' explanation of benefit (EOB) practices within New York State was requested.
6. **Administration:** Administrative support to prioritize implementation of the HIV Testing Law was noted as essential to ensure full integration of expanded HIV testing practices.
7. **Electronic Medical Record (EMR):** The sophistication of the EMR varies greatly across providers and facilities. Effective utilization of the EMR system appears inconsistent across facilities.
8. **Staffing:** The staff time required to conduct testing and return test results (both positive and negative) has been found to be excessive and burdensome.

Additional points of discussion

- The pending Hepatitis C legislation, modeled after the HIV Testing law, but absent any reference of need for consent*
- Use of surveillance data to identify individuals not engaged in care
- Medicaid reimbursement for fourth generation HIV testing technology

* The Hepatitis C legislation has since been signed into law.

