

# Essentials for Implementing Routine HIV Testing as a Standard of Care

Use this guide to help plan for and implement a new routine HIV testing standard of care in your program. Note that it is not a comprehensive guide.

For more information, please visit: [dshs.texas.gov/hivstd/pops/chap16](https://dshs.texas.gov/hivstd/pops/chap16).

- Identify allies in leadership – Are there people in authority within your organization who are champions (or potential champions) for HIV prevention? Are there people whose support you could obtain?
- Review helpful definitions from the CDC’s Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.<sup>1</sup>
  - **Screening:** HIV tests for persons in a defined population.
  - **Targeted Testing:** HIV tests for subpopulations of persons at higher risk, typically defined based on behavioral, clinical, or demographical characteristics.
  - **Informed Consent:** Communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. In Texas, it is legal to include HIV screening in the general consent for treatment (Texas Health and Safety Code [§81.105](#) and [§81.106](#)).
  - **Opt-out (Routine) Screening:** HIV screening after notifying the patient they will receive a test. The patient may elect to decline or defer testing, but they will receive a test unless the patient declines testing.
  - **HIV Prevention Counseling:** Process of assessing risk, recognizing specific behaviors that increase the risk of acquiring or transmitting HIV, and developing a plan to take specific steps to reduce risks.
- Review the program’s general and informed consent process. In Texas, it is legal to include HIV screening in the general consent for treatment. There is no need for a separate consent for HIV (Texas Health and Safety Code [§81.105](#) and [§81.106](#)).
  - Minors in Texas have the right to consent to the diagnosis and treatment of an infectious, contagious, or communicable disease that

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<sup>1</sup>: [cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm](https://cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm)

is reportable to the [Local/Regional Health Department](#), including HIV. Providers should consider whether the minor has the capacity to consent. This means the minor has the cognitive ability to understand the risks and benefits involved (Texas Family Code [§32.003](#)).

- Review the process for delivering positive test results – A positive test result may not be revealed to the patient without allowing them the immediate opportunity for individual, face-to-face post-test counseling (Texas Health and Safety Code [§81.109](#)). Providers comply with this law by providing post-test counseling themselves or by contacting their Local Health Department so a trained Disease Intervention Specialist (DIS) can deliver the HIV-positive test results.
  - What does a DIS do?
    - Locate and notify patients of their test results.
    - Refer patients for evaluation and treatment.
    - Counsel patients on risk reduction.
    - Provide partner identification and notification, including coordination of medical follow-up.
- Explore testing technology – Review [FDA Approved HIV Tests](#) and decide which would work best for the program: a conventional blood draw, rapid test kits, or a combination test.
- Establish linkage to care procedures – The following resources are drug assistance programs to ensure newly diagnosed people stay in care.
  - [Texas HIV Medication Program \(THMP\)](#): The official AIDS Drug Assistance Program (ADAP) for the State of Texas. THMP provides medications for treatment of HIV and its related complications to low-income Texans. To qualify for medications, potential clients who meet eligibility criteria complete an application for assistance. Once approved, clients receive medications at assigned pharmacies in their communities.
  - [State Pharmacy Assistance Program \(SPAP\)](#): Helps HIV-positive individuals with out-of-pocket costs associated with Medicare Part D prescription drug plans, including copayments, deductibles, coinsurance, and premiums during the coverage gap.
  - [Ryan White Program \(HRSA HIV/AIDS Bureau\)](#): Provides HIV-related medical care and prescription drugs for people living with HIV (PLWH) who have no insurance, need services insurance does not cover, or need help with insurance costs. The program provides essential support services for PLWH including transportation, housing

assistance, dental and mental health assistance, and substance abuse support.

- Establish a procedure to report positive results to the appropriate Local or Regional Health Authority. [Texas Administrative Code](#) requires reporting for various diseases, [including HIV](#). DSHS divides [local reporting authorities](#) into county groups.
- Identify anticipated Information Technology changes necessary for electronic medical record-keeping as well as changes in billing and reimbursement codes. Utilize the following resources:
  - [Texas Medicaid Provider Procedures Manual](#)
  - [Pre-Exposure Prophylaxis \(PrEP\), Post-Exposure Prophylaxis \(PEP\), and Other HIV Prevention Strategies: Billing and Coding Guide \(NASTAD\)](#)
- Look out for training opportunities with the community, [Texas DSHS](#), and the [South Central AIDS Education and Training Program \(AETC\)](#).
- Familiarize yourself with area trends by viewing the [DSHS HIV/STD Program Reports](#).

For more information, please visit:

[Chapter 16 of the Program Operating Procedures and Standards \(POPS\): Routine HIV Screening in Healthcare Settings](#).

For specific questions, please contact:

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