



President Obama, Please Support the Action Plan for Rapid Scale-Up of Routine, Voluntary Testing

The U.S. must take a leadership role to implement routine, voluntary HIV testing and ready access to HIV medical and support services in response to the 230,000 individuals who risk serious health complications for themselves and others because they remain unaware of their HIV-positive status. The federal response must prioritize:

Leadership: A call to action from President Obama about the public health merits of routine, voluntary testing and the mechanisms to support its implementation will help inspire the involvement of lawmakers, government agencies, the health insurance industry, professional organizations, community stakeholders, and health care providers.

Funding: The federal response must include a change in financing (public and private insurance, including Medicaid and Medicare, and other government health programs) and increased funding to support voluntary testing and the provision of care and support services. Routine, voluntary testing services and implementation must be supported with adequate insurance coverage (public and private) and designated government activities to bring routine testing to scale and monitor and evaluate progress.

Lifting Barriers: With its bully pulpit and direct purview over federal programs and regulations, federal officials can lift barriers to routine, voluntary HIV testing, expand HIV care and support services, steer implementation activities, and motivate commensurate involvement from private entities and community stakeholders.

Planning and Implementation: A clear and comprehensive federal approach must involve all relevant federal agencies and the private sector. Planning and implementation must involve community stakeholders and facilitate systems development, training and technical assistance for allied health professionals.

Take Action to Promote Knowledge of HIV Serostatus and Early Access to HIV Care and Treatment: A Plan for Implementing Routine HIV Testing in the U.S.

Why an HIV Testing Plan?

Because:

- More than a million persons in the U.S. are living with HIV infection, and the CDC has revised its estimates of new HIV infections in the U.S. to 56,000 annually (with a range of 48,000 to 64,000),
- An estimated 21% of people living with HIV in the U.S. (more than 230,000 individuals) are unaware of their HIV status,



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- African Americans represent more than half of all new cases, Latinos are disproportionately affected and AIDS is the leading cause of death among black women 25-34 years old,
- As estimated 40 percent of individuals in the U.S. newly identified with HIV infection will develop AIDS within one year of diagnosis,
- The CDC has issued recommendations calling for voluntary, opt-out HIV screening in medical settings of individuals between the ages of 13 and 64,
- Federal spending for HIV prevention and HIV care and treatment have remained relatively flat for the last seven years,
- CDC officials have estimated that they would need an additional \$4.8 billion over the next five years to reduce the annual number of new HIV infections in the U.S.—funding that would be used to expand HIV testing among other initiatives,
- The rate of confirmed AIDS cases in state and federal prisoners is more than 2½ times higher than the U.S. population.

The undersigned clinicians, HIV/AIDS service providers, people living with HIV/AIDS, program administrators, public health officials, researchers, and concerned citizens call on President Obama to prioritize the following activities in the development and implementation of a National AIDS Strategy, determination of federal appropriations for domestic health and HIV programs, and efforts to reform the U.S. health care system:

1. Integrate routine, voluntary testing in healthcare settings as a critical preventive and linkage-to-care service in any national health care reform plan proposed and/or supported by your Administration
2. Adopt policies that increase the promotion and support the implementation of routine, voluntary testing in medical and community settings by increasing the federal funding available to state health departments, the Department of Veterans Affairs, community health centers, substance abuse treatment programs, community mental health centers and corrections programs (e.g., through the Department of Justice). Increase funding to the Centers for Disease Control and Prevention to evaluate testing models, including linkage-to-care strategies and implementation progress.
3. Develop a reimbursement system for federally funded health care programs that supports the delivery of the complex, chronic care required for successful HIV care and treatment, including medical services for individuals newly identified with HIV infection.
4. Support and promote routine, voluntary testing and earlier identification of Medicaid beneficiaries with HIV/AIDS by encouraging state Medicaid programs to cover routine HIV screening.
5. Add routine, voluntary HIV screening to the Medicare program's preventive services package.
6. Increase funding for care and treatment programs funded under the Ryan White CARE Act to ensure adequate workforce and clinical capacity to provide care to those newly identified through testing programs.
7. Increase support for the implementation of HIV testing, prevention, and treatment in correctional systems by creating a standardized, national-level pre-release planning process that can be used by both state and federal correctional facilities to better identify inmates in need of care and facilitate the linkages to



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- prevention and care services for those re-entering the community.
8. Involve stakeholders from the HIV community, including people living with HIV/AIDS, program administrators, HIV/AIDS services providers, public health officials, medical providers, and health insurance carriers in the development and planning of testing policy, law, and implementation.
 9. Fully implement sustainable routine HIV screening programs by supporting medical provider training; monitoring and evaluation systems; standardized protocols; resources and referral services for linking people identified with HIV to qualified HIV medical providers; opportunities to facilitate dialogue between primary and emergency medical care providers and HIV providers and AIDS services providers; and the availability of HIV prevention education materials.

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