Routine HIV testing is now common practice in Texas.

An estimated 18,000 Texans who are infected with HIV are unaware of their status. The main purpose of routine HIV testing is to find people who don’t know they are HIV-infected and link them to HIV care and support.

Texas does not require a separate written consent for HIV testing (see Texas Health and Safety Code Sections 81.105 and 81.106).

Language matters. An example of opt-out language: “We will include an HIV test in your blood work today. Do you have any questions?”

Patients have a right to refuse testing. If a patient declines testing, ask why and explore barriers. You may be surprised that the patient tells you s/he has HIV.

All patients testing HIV-positive should be notified face-to-face and immediately be linked to medical care to manage their disease.

To find HIV/STD service providers in Texas, visit www.dshs.texas.gov/hivstd/services/

For CDC routine HIV screening recommendations, visit www.cdc.gov/hiv/testing/clinical/


For HIV prevention services billing coding guidelines, visit www.nastad.org/resource/billing-coding-guide-hiv-prevention


For more information on routine HIV testing in Texas, visit www.testtexashiv.org
It is now the standard of care to provide routine voluntary HIV testing to all patients ages 13 to 64 in all medical settings. Follow the steps below:

- Inform patients that routine HIV testing is provided to all patients unless they decline.
- For negative results: treat as other negative lab results unless the patient needs further testing and/or a referral for Pre-Exposure Prophylaxis (PrEP) due to ongoing risk.
- For positive results: explain the result (face-to-face) and immediately link your patient to ongoing HIV medical care.
- Report all acute HIV cases to your local health department within one working day, and all non-acute HIV cases to your local health department within one week of confirmatory test results.
- Antiretroviral therapy (ART) is recommended for all HIV-infected persons to reduce the risk of disease progression regardless of CD4 cell count. ART is also recommended for HIV-infected persons to prevent further transmission of HIV.

### MYTHS & BARRIERS

I don’t know how to talk to people about HIV or do HIV counseling.

HIV is a young person’s disease.

I will become inundated with HIV-positive patients.

I don’t have time for routine testing.

I can tell which patients are at risk for HIV.

My patients must sign a separate consent form for HIV testing.

In that case, “routine” testing is “secret” testing.

My patients will refuse the test.

### FACTS & FACILITATORS

Doctors often diagnose serious, chronic diseases. The same skills apply to diagnosing HIV. An HIV specialist can provide additional support and planning.

Nearly one in five HIV diagnoses in Texas is among people age 45 and older.

Most practices will have a very small number of diagnoses.

Order HIV testing with other tests.

Offering testing only to patients with reported risk factors misses many people who have HIV.

Texas does not require separate written consent for HIV testing.

Routine testing is not secret - it is voluntary. Patients should be told verbally or in writing that testing will be done unless they opt out.

Explain to your patients that you test everyone, explain why it’s recommended, and offer it again.