Sen. Edward M. Kennedy  
Chairman, Committee on Health, Education, Labor and Pensions  
428 Dirksen Senate Office Building  
United States Senate  
Washington, DC 20510

Sen. Max Baucus  
Chairman, Committee on Finance  
219 Dirksen Senate Office Building  
United States Senate  
Washington, DC 20510

June 26, 2009

RE: Reimbursement for Voluntary Routine HIV Testing

Dear Chairmen Kennedy and Chairman Baucus:

In September 2006, the Centers for Disease Control and Prevention (CDC) issued recommendations stating that voluntary HIV testing be made a part of routine medical care for people ages 13 to 64 in all healthcare settings. Since then, progress in implementing CDC’s recommendations has been disappointingly slow. Too many individuals covered under Medicaid, Medicare, and private insurance are not being voluntarily tested for HIV as a part of their regular medical care.

Health reform provides a crucial opportunity to make routine HIV testing an essential component of healthcare in the United States. We, the undersigned representatives of national and community-based AIDS service organizations representing HIV medical providers, advocates, and people living with HIV/AIDS, respectfully urge you to take legislative action to ensure that the CDC’s recommendations can be implemented.

Numerous studies have demonstrated the cost effectiveness of routine HIV testing. The Institute of Medicine estimates that the lifetime cost for each new case of HIV is $600,000. Fifty-six thousand new infections per year translate into roughly $30 billion in future costs. The benefits of such implementation are many and overall savings far outweigh the costs.

Despite the availability of effective therapies that can change HIV from a death sentence to a chronic, manageable illness if they have access to care and treatment, far too many patients are diagnosed late with advanced disease. Advanced disease reduces the likelihood of therapeutic success and increases average treatment cost per year by 260 percent. Routine HIV testing fosters early diagnosis and linkage to care which improves patient outcomes and extends lives.

Routine testing also helps reduce the number of new infections. Treatment can lower a patient's viral load along with their ability to infect others. Other studies show that people who know they are HIV positive are more likely to avoid behaviors that could transmit the virus.
One of the most significant barriers to broad implementation of the CDC’s HIV testing recommendation is inadequate cost reimbursement by public and private healthcare payers. To remove this barrier, we recommend that through health reform the federal government mandate coverage of and reimbursement for voluntary routine HIV testing in Medicaid, Medicare, and all other federally funded health programs along with all private insurance. All standard benefit programs developed through health reform should also cover routine HIV testing. The recent announcement by the Centers for Medicare and Medicaid Services to encourage states to cover routine HIV screening under Medicaid should lead to increased coverage.

Routine HIV testing enjoys broad support from medical professionals. The CDC’s recommendations have been endorsed by the American Academy of Physicians, the American Medical Association, American Academy of Pediatrics, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, Emergency Nurses Association and many others, including the groups signing this letter.

Health reform that fails to address CDC’s HIV testing recommendations will have failed to adequately address the tragedy of our ever expanding domestic HIV epidemic. We strongly urge you to give high priority to ensuring that all people who want and need HIV testing can readily access it.

If you have any questions or comments, please feel free to contact Carl Schmid, Director of Federal Affairs, The AIDS Institute at 202-462-3042 or cschmid@theaidsinstitute.org.

Thank you very much.

Advocates for Youth
AIDS Action Committee
AIDS Alabama
AIDS Foundation of Chicago
AIDS Healthcare Foundation
The AIDS Institute
AIDS Treatment Data Network
American Academy of HIV Medicine
Association of Nurses in AIDS Care
Broward House
CAEAR Coalition
CAEAR Foundation
Community Access National Network (CANN)
Community AIDS National Network
Community HIV/AIDS Mobilization Project (CHAMP)
The Foundation for AIDS Research (amfAR)
Gay Men’s Health Crisis
Georgia AIDS Coalition
Harlem United Community AIDS Center, Inc.
Health and Disability Advocates
HIV ACCESS
HIV Advocacy Volunteer Network
HIV Dental Alliance
HIV Law Project
HIV Medicine Association
HIVictorious, Inc.
Housing Works
Log Cabin Republicans
Louisiana AIDS Awareness Network (LAAN)
National Alliance of State and Territorial AIDS Directors (NASTAD)
National Association of People with AIDS (NAPWA)
National Black Gay Men's Advocacy Coalition
National Health Law Program
National Minority AIDS Council
Palmetto AIDS Life Support Services
Project Inform
San Francisco AIDS Foundation
Sexuality Information and Education Council of the U.S. (SIECUS)
Sonoma County AIDS Commission
South Carolina Campaign to End AIDS
Southern AIDS Coalition, Inc.
Strong Consulting
Treatment Access Expansion Project
Treatment Action Group
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
Village Care of New York
Woodhull Freedom Foundation