of nonteaching hospitals.2 Thus, many hospitalist programs are not part of academic hospitals. Because hospitals are not financially accountable for their patients after discharge, only those hospitals with strong commitments to quality are likely to institute programs designed to ensure continuity of care between hospitalists and patients’ primary care physicians. Evidence suggests that hospitalist programs can be effective, but internal changes for efficiency do not assure better outcomes after discharge. We need empirical evidence regarding performance of a representative sample of hospitalist programs, regardless of the sponsorship under which they operate. Assuming that all programs are as effective as the literature may miss important opportunities for improving patients’ experiences and outcomes.

Vincent Mor, PhD
vincent_mor@brown.edu
Department of Community Health
Richard W. Besdine, MD
Center for Gerontology and Healthcare Research
Alpert Medical School of Brown University
Providence, Rhode Island

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RESEARCH LETTER

Centers for Disease Control and Prevention 2006 Human Immunodeficiency Virus Testing Recommendations and State Testing Laws

To the Editor: In 2006, the Centers for Disease Control and Prevention (CDC) issued recommendations for routine human immunodeficiency virus (HIV) testing in health care settings with HIV prevalence of 0.1% or greater for all persons aged 13 to 64 years, regardless of risk.3 Central elements address consent and counseling. CDC recommendations promote written or oral informed consent through an opt-out process (ie, patient is told the test will be obtained unless declined), in which general consent for medical care is sufficient for HIV testing, and advocate against mandatory prevention counseling and in-person notification of negative test results.

Although national recommendations exert influence over state laws, HIV testing laws are ultimately under state jurisdiction. At the time of these recommendations, however, many state HIV testing laws presented barriers to implementation. For state laws to be compatible with CDC recommendations, they need to either conform or, at a minimum, not conflict. To assess current compatibility of laws with CDC recommendations, we reviewed all state HIV testing laws and administrative codes related to consent and counseling.

Methods. We compared consent and counseling HIV testing laws from the Compendium of State HIV Testing Laws,4 updated January 2011, with the 2006 CDC recommenda-

Table. Compatibility of Consent and Counseling Laws With 2006 CDC Recommendations (as of January 2011)

<table>
<thead>
<tr>
<th>Parameter and Subparameter</th>
<th>Compatible States</th>
<th>Incompatible States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NC, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</td>
<td>MA, NE, NY, PA</td>
</tr>
<tr>
<td>Opt-in vs opt-out</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</td>
<td>MA</td>
</tr>
<tr>
<td>Specific vs general</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</td>
<td>MA, NE</td>
</tr>
<tr>
<td>Written vs oral or written</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NC, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</td>
<td>MA, NE, NY, PA</td>
</tr>
<tr>
<td>Counseling</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</td>
<td>PA, RI</td>
</tr>
<tr>
<td>Prevention vs testing counselng</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</td>
<td>RI</td>
</tr>
<tr>
<td>In-person vs discretionary notification/counseling</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY</td>
<td>PA</td>
</tr>
</tbody>
</table>

Abbreviations: CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.

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Figure. Legislative Changes Toward Compatibility of State Laws Regarding Human Immunodeficiency Virus Consent and Counseling Since 2006 CDC Recommendations (as of January 2011)

States designated as having introduced legislation include 5 states (Massachusetts, Nebraska, New York, Pennsylvania, and Rhode Island) with laws incompatible as of January 2011. Washington changed its administrative code to be more compatible with the Centers for Disease Control and Prevention (CDC) recommendations and has no conflicting statutory law. New York and Rhode Island remain incompatible but have passed some legislation more compatible with the CDC recommendations. New York passed legislation on 2 subparameters of consent, allowing use of a general consent form and opt-out testing. Rhode Island passed legislation on all subparameters of consent and 1 subparameter of counseling (in-person vs discretionary notification). Delaware, Florida, and Texas were compatible in 2006 and have introduced additional legislation more explicitly consistent with the CDC recommendations for opt-out consent. Washington, DC, was compatible in 2006 but passed laws more explicitly consistent with the CDC recommendations for opt-out consent in emergency departments.

Results. As of January 2011, 46 states and jurisdictions (including Washington, DC) were coded as compatible with the 2006 CDC recommendations for consent and counseling; 5 states were incompatible on at least 1 measured subparameter. For some states, compatibility varied by health care provider, setting, scenario, or type of law (Table). Although 21 states were already compatible in 2006 and had no legislative action since, 24 states (including Washington, DC) subsequently changed their statutes, administrative code, or both, making them more compatible (Figure). State laws remained in flux. In 2009-2010, 9 states (Connecticut, Hawaii, Michigan, Montana, New York, Ohio, Rhode Island, Washington, and Wisconsin) made their laws more compatible with CDC recommendations.

Comment. Nearly all states’ HIV testing laws and administrative codes were compatible with the current CDC HIV testing recommendations on consent and counseling as of January 2011. Although 5 states still had incompatible laws, 24 states actively changed their laws toward compatibility with CDC recommendations. This study is limited to state HIV testing statutes and administrative code available online and does not include case law or policies issued by other regulatory agencies (eg, health departments). State HIV testing laws are often complicated; can be contradictory or subject to interpretation; and can vary across populations, settings, scenarios, or providers. When assessed for overall compatibility, however, HIV testing laws in nearly all states no longer present obstacles to routine HIV testing.

Sarah Neff, MPH
neffs@nccc.ucsf.edu

Ronald Goldschmidt, MD
Department of Family and Community Medicine
University of California, San Francisco

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