

[CDC Home](#) > [HIV/AIDS](#) > [Topics](#) > [Testing](#)

## Questions and Answers for the General Public: Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings

---

[Testing Questions](#)  
[Questions about the Revised Recommendations](#)  
[Questions about Privacy, Insurance, and Cost](#)  
[Counseling and Consent](#)

---

### Testing Questions

#### 1. Why should I be tested for HIV?

CDC believes that everyone should know whether or not they are infected with HIV because there are important health benefits to this knowledge. If you are HIV negative, you can take steps to make sure you stay that way. If you find you are infected with HIV, you can get treatment that can greatly improve your health and extend your life.

If you have HIV, you can also take precautions to protect your partners. Most people who find out they are HIV infected change their behaviors in order to reduce the chance of passing the virus on to others.

Whatever the outcome of your HIV test, knowing your HIV status is valuable information.

#### 2. How often should I be tested for HIV?

How often you should get an HIV test depends on your circumstances.

If you have never been tested for HIV, you should be tested at least once.

CDC recommends being tested at least once a year if you do things that can transmit HIV infection. These include:

- injecting drugs or steroids with used injection equipment
- having sex for money or drugs
- having sex with an HIV-infected person
- having more than one sex partner since your last HIV test
- having a sex partner who has had other sex partners since your last HIV test.

If you have been tested for HIV and the result is negative and you never do things that might transmit HIV infection, then you and your health care provider can decide whether you need to get tested again. Overall, you should talk to your doctor about how often to get tested for HIV.

#### 3. Why is the CDC recommending teenagers as young as 13 get an HIV test?

Many teens (even those in high school) are sexually active, which puts them at risk for HIV infection. CDC's surveys of young people has found that almost 47% of high-school students reported having sexual intercourse at least once and 37% of sexually active students did not use a condom during their last act of sexual intercourse. Because teens may be reluctant to talk about sexual activity with their parents, HIV screening means adolescents can have an HIV test without having to admit whether they have been sexually active. The CDC

recommendation for HIV screening does not mean that parents should not talk to their children about HIV. In fact, parents should talk with their children about HIV; parents have a big impact on the health choices their children make.

Starting HIV screening in adolescence offers the best way to raise awareness and develop healthy practices for HIV testing in addition to detecting HIV infection early.

#### 4. I am over 50 years of age. Why should I be tested for HIV?

People age 50 and older make up 15% of new HIV cases. Many older people do not think they are at risk for HIV or other STDs. Doctors do not always address sex with their older patients and their older patients sometimes have limited knowledge about HIV. HIV screening for persons over 50 will not only raise awareness of HIV in older persons, but it will also find new infections in people who thought they were not at risk for HIV.

#### 5. I have been in a long-term relationship with only one person. Why should I be tested for HIV?

Everyone should know for sure whether or not they have HIV. If you and your partner have been tested and are both HIV negative and you both remain faithful to each other (monogamous) and do not have other risks for HIV infection, then you probably won't need another HIV test unless your situation changes.

[Back to top](#)

---

### Questions about the Revised Recommendations

#### 6. Why is CDC recommending HIV screening in medical settings?

CDC believes that voluntary screening for HIV in health care settings:

- will help more people find out if they have HIV
- will help those infected with HIV find out earlier, when treatment works best
- can further decrease the number of babies born with HIV
- can reduce stigma associated with HIV testing
- will enable those who are infected to take steps to protect the health of their partners

Experience has shown that HIV screening works. Universal screening of pregnant women for HIV, combined with the right medical care, contributed to the dramatic decrease in the number of babies born with HIV from a high of 1,650 babies in 1991 to fewer than 240 born in 2002.

CDC believes the number of new cases of HIV each year could be decreased up to 30% with voluntary HIV screening.

#### 7. How did CDC develop these recommendations?

These recommendations are the result of a long and careful process that began in 1999 when the Institute of Medicine (IOM) recommended a national policy that all pregnant women should be tested for HIV unless they refuse testing (opt-out). IOM also recommended doing away with pretest counseling and with special written permission for HIV testing.

Between 1999 and 2006, many HIV-infected persons made visits to Healthcare settings but were not tested for HIV. A series of studies has concluded that widespread HIV screening in health care settings was cost-effective. CDC proceeded to work with its many partners, such as Healthcare providers, public health officials, persons living with HIV, researchers,

community groups, and persons who care for HIV-infected people, to get advice for the recommendations.

Throughout the process, CDC has been committed to involving those most affected by the new recommendations to make sure the recommendations were ethical, fair, and would work.

**8. Do other organizations support these new recommendations?**

Yes. In 1999, the Institute of Medicine (IOM) recognized that routine testing and the end of in-depth pre-test counseling and separate, written permission, were the best way to increase the number of pregnant women tested for HIV. Other organizations, such as the American Medical Association, the American Academy of HIV Medicine, the National Association of Community Health Centers, and the American Academy of Pediatrics support these new recommendations.

**9. Is the cost of screening all adults, adolescents, and pregnant women for HIV worth the benefits of finding those with HIV (is it cost effective)?**

Studies show that HIV screening is cost effective even in areas where there are not that many cases of HIV. For almost all areas, HIV screening is as cost effective as other routine screening programs for diseases such as colon cancer and breast cancer.

[Back to top](#)

---

**Questions about Privacy, Insurance, and Cost**

**10. Will my test results become part of my medical records?**

Yes, your test results will become part of your medical records. It is important for your doctor or other health care provider to know whether you are infected in order to give you the best care.

**11. How will my privacy be protected?**

HIV test results fall under the same strict privacy rules as all of your medical information, including those for other sexually transmitted diseases (STD). Information about your HIV test cannot be released without your permission. If your test shows you are infected with HIV, this information will be reported to the state health department, like other STD results. After all personal information about you (name, address, etc) is removed, this information, in turn, is forwarded to the CDC. CDC uses this information to keep track of HIV/AIDS in the United States and to direct funding and resources where they are needed the most. CDC does not share this information with anyone else, including insurance companies.

**12. Will my test results be given to my insurance company?**

Generally, testing laboratories are not required to share test results with insurance plans and can only share them with the "authorized person" who can be the patient and/or the individual or laboratory (i.e., referral testing) who ordered the test and is responsible for using the results. However, this may vary from state to state and between insurance plans. If you file insurance claims for treatment for HIV or AIDS, your insurance company will know you are infected with HIV.

**13. Will my insurance company drop me if I've been tested for HIV?**

An insurance company should not drop you for being tested for HIV. Companies should also not drop you if you are infected with HIV. Certain insurance plans have restrictions on what they will pay for, including pre-existing conditions, but they should not drop you for receiving an HIV test.

**14. Will screening increase fear and anxiety surrounding HIV testing?**

By making HIV testing part of routine care, CDC believes that fear and anxiety surrounding HIV testing will decrease. If health care providers test all of their patients, then no one is singled out. A negative HIV test result will not imply that you are at high risk, just that you were tested.

**15. Who will pay for my HIV test?**

If you have insurance coverage, your insurer may pay for an HIV test, if it is ordered as part of your routine medical care. Insurance companies usually pay for tests that are ordered as a routine part of medical care, unless they have included a specific provision related to that test. If you have a question about your coverage, please refer to your policy for details.

If your insurance will not pay for an HIV test, there are places where you can get an HIV test at a reduced cost or for free. Visit <http://www.hivtest.org/> or call 1-800-CDC-INFO to find a testing site in your area. Your public health department or local community-based organizations may also provide that information.

**16. Who will pay for my treatment if the test shows I have HIV?**

If you have insurance, your insurer may pay for treatment. If you do not have insurance, or your insurer will not pay for treatment, there are government programs, such as Medicaid, Medicare, Ryan White Care Act treatment centers, and community health centers that may be able to assist if you meet their eligibility criteria (usually income and/or disability). CDC is working with its federal partners that oversee these programs to make sure that all people who need treatment can get it. Your health care provider or local public health department can direct you to HIV treatment programs.

[Back to top](#)

---

**Counseling and Consent**

**17. Why should people no longer receive counseling?**

CDC strongly believes in prevention counseling, but CDC also believes that such counseling does not have to be linked to HIV testing. For example if you are visiting your doctor because of a risk related to HIV infection, such as drug abuse or symptoms of an STD, you should receive prevention counseling for HIV. If you are having a detailed physical, reproductive care, or family planning, you should receive HIV counseling as a routine part of care. However, you do not need prevention counseling simply because you are getting an HIV test. One of the purposes of CDC's Revised Recommendations for HIV Testing in Health Care Settings is to reduce or end barriers to testing. Doctors and other health care workers have said that prevention counseling can be a barrier to testing. CDC has seen that when counseling is required with testing in medical care settings, most patients get neither.

**18. Why is CDC recommending the end of a separate, written permission (consent) for an HIV test?**

CDC believes HIV testing can be covered under a general permission form (consent form) that is signed for all medical care. CDC's recommendation to end separate, written permission for HIV testing does not mean that CDC encourages testing people without their permission. CDC believes that all HIV testing should be voluntary and only done with the patient's knowledge and agreement.

**19. Is CDC recommending mandatory testing?**

No. CDC is recommending voluntary HIV screening. The right to refuse an HIV test is called "opt-out." This means that the patient will be informed that the test will be performed and may choose not to have it.

**20. Will people be tested for HIV without their knowledge or consent?**

No one should be tested without their knowledge. Everyone will have the opportunity to refuse HIV testing (opt-out). No one should ever be tested for HIV without their knowledge and permission. The definition of opt-out testing included in the Recommendations clearly states that the HIV test will be given after the patient has been told that the test will be performed and that the patient may decline testing.

**21. Can I choose not to be tested?**

Yes. Your health care provider may want to know why you do not want to be tested, but you have the right to refuse any medical screening test, including an HIV test.

[Back to top](#)

Page last modified January 22, 2007  
Page last reviewed for accuracy January 22, 2007  
Content Source: [Divisions of HIV/AIDS Prevention](#)  
[National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)



Centers for Disease Control and Prevention  
1600 Clifton Rd, Atlanta, GA 30333, U.S.A.  
Tel: (404) 639-3311/Public Inquiries: 1-800-CDC-INFO (232-4636); 1-888-232-6348  
(TTY)

