Department of Veterans Affairs

Memorandum

Date: JUN 5, 2015

From: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

Subj: Waiver of requirement to provide written educational materials for HIV testing

To: Network Directors (10N1-23)

Thru: Acting Deputy Under Secretary for Health for Operations and Management (10N)

1. With the publication of VHA Directive 1113, Testing for Human Immunodeficiency in Veterans Health Administration Facilities (May 5, 2015), VHA has effectively waived the pre-existing requirement in VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures (August 14, 2009), at paragraph 13.a.(7), that practitioners provide written educational materials to patients recommended for HIV testing.

2. The requirement in VHA Handbook 1004.01 will be officially rescinded when that Handbook is re-issued. Until then, this memorandum serves to notify the field that the publication of Directive 1113 effectively waives this single requirement in VHA Handbook 1004.01 to provide written educational materials to patients prior to HIV testing. This change does not remove or waive the still applicable legal and policy requirements to obtain full, informed, and voluntary oral consent prior to HIV testing to include discussion of the risks and benefits of, and alternatives to testing. [See Handbook 1004.01, para. 13; Directive 1113, paragraphs 1, 3, 4.e.(3)]. Written educational materials no longer need to be supplied to the patient as part of the informed consent process for HIV testing. All other requirements related to oral informed consent for testing remain the same.

3. Despite this policy change, clinicians are still encouraged to provide written educational materials about HIV testing and disease to patients for whom they determine it would be beneficial or to those who request such materials.

4. The rationale for VHA’s waiver of this policy requirement is that improvements in HIV treatment and emphasis on destigmatization of the disease have made this enhanced protection unnecessary. In addition, the logistical challenge of providing written materials prior to testing may pose an unacceptable barrier to HIV testing, thus preventing early diagnosis and improved clinical outcomes for HIV-positive patients and decreased risk of transmission to others.
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5. For questions, please contact Dr. Maggie Chartier, HIV, Hepatitis, and Public Health Pathogens Programs, Office of Public Health, at 415-264-0878 or Dr. Virginia Ashby Sharpe, National Center for Ethics in Health Care, at 202-632-8452.

Thomas C. Lynch, M.D.