



THE AIDS INSTITUTE

**Opportunities for
Expanding HIV Testing through
Health Reform**

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State of California

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The AIDS Institute

Health Reform

- As Health Reform is implemented to expand access to:
 - Medicaid
 - Medicare
 - Private Insurance/Exchanges
- Opportunity to Cover Preventive Services that receive a Grade A or B from the U.S. Preventive Services Task Force (USPSTF)
 - Opportunity to Expand Coverage of HIV Testing
 - But not routine testing, yet
 - Other HIV Prevention Services

US Preventive Services Task Force

- Sponsored by Agency for Healthcare Research and Quality (AHRQ) at the U.S. Department of Health and Human Services
- Leading independent panel of private-sector experts in prevention and primary care
- Conducts rigorous, impartial assessments of scientific evidence for effectiveness of clinical preventive services, including screening, counseling, and preventive medications
- Recommendations are considered the "gold standard" for clinical preventive services
- Key to coverage determinations



HIV Testing-July 2005 Review

- Strongly recommends that clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection
- Recommends that clinicians screen all pregnant women for HIV
- Grade A Recommendation

HIV Testing-July 2005 Review

- No recommendation for or against routinely screening for HIV adolescents and adults who are not at increased risk for HIV infection
- Grade C Recommendation
- Reconfirmed in 2007

Medicaid

- Enhanced 1% Federal Medical Assistance Percentage (FMAP) for Grade A & B USPSTF Services (beginning in 2013)
 - At risk individuals, including those in high prevalence areas/risk settings
 - Not a federal required benefit
 - State decision to implement

Medicaid

- Probably best opportunity to diagnose people with HIV
 - Medicaid will cover all low income people (up to 133% FPL)
 - +16 million people
 - Coverage Incentive not that great
 - US Congressional Bill to Require State Medicaid Coverage of Routine HIV Testing (HR 1774)
 - Sponsor: Rep. Alcee Hastings, plus 25 co-sponsors

Medicare Coverage Rule

- Authority Granted Under Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
- Provides Option for Medicare (CMS) to Cover Grade A or B Preventive Services , but with co-pays
- Through a National Coverage Determination CMS decided to cover HIV Testing for High Risk Individuals (Dec. 2009)

Medicare & Health Reform

- Annual Wellness Visit
 - Includes a Health Risk Assessment
 - Provides Personalized Prevention Plan Services
- No co-pays for Preventive Services Approved through Coverage Determination
- Began January 1, 2011

Medicare

- A good opportunity to diagnosis people with HIV – for those who are poor and disabled, or over 65
 - Annual Wellness Visit should help particularly *if discuss sexual and IDU history*
 - Coverage for People who are At Risk
 - But not for Routine Testing

Private Insurance

- Requires new plans to cover services that receive a Grade A or B from the USPSTF with no cost sharing (Began September 23, 2010)
 - All plans starting in 2014
- Additional Preventive Care and screenings for women developed by HRSA
 - HHS will issue not later than August 1, 2011
 - IOM Study to help HHS Develop Rule

Private Insurance

- A Very Good Opportunity to Diagnose People with HIV
 - Coverage for those who are at risk
 - Some plans currently cover routine testing
 - Some states (e.g. CA) require coverage for Routine HIV testing

Exchanges

- Exchanges will be composed of private insurance plans
 - Coverage for A & B services
- Exchanges must cover Essential Benefits
 - Opportunity to add additional preventive services
 - Developed through regulation
- States can require coverage of additional services
 - But at its own cost

USPSTF Grade A & B Recommendations

- Alcohol misuse counseling
- Blood pressure screening
- Cervical cancer screening
- Chlamydial infection screening
- Cholesterol abnormalities
 - Depression screening
 - Gonorrhea screening
 - Healthy diet counseling
- Hepatitis B screening, pregnant women
 - STI counseling
 - Syphilis screening

Coverage of Other HIV Preventive Services

- Need a determination from the USPSTF
- Need studies on their effectiveness
- Possible candidates:
 - Condom distribution
 - Syringe Exchange
 - Counseling, Sexuality Education
 - PEP & PrEP
- Slow process, but a CDC priority



USPSTF Grades

Grade	Definition	Suggestions for Practice
A	USPSTF recommends the service. There is a high certainty that the net benefit is substantial.	Offer or provide this service.
B	USPSTF recommends the service. There is a high certainty that the net benefit is moderate or there is a moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.	Offer or provide this service only if other considerations support offering or providing the service to an individual patient.
D	USPSTF recommends against the service. There is no moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations in the USPSTF Recommendation Statement. If the service is offered to patients, they should understand the uncertainty about the balance of benefits and harms.

Who is “At Risk?”

A person is considered at increased risk for HIV infection (and thus should be offered HIV testing) if he or she reports 1 or more individual risk factors or receives health care in a high-prevalence or high-risk clinical setting

Persons at higher risk for HIV infection

- Those seeking treatment for STDs;
- Men who have had sex with men;
- Past or present injection drug users;
- Persons who exchange sex for money or drugs, and their sex partners;
 - Persons who request a test;

Persons at higher risk for HIV infection

- Women and men whose past or present sex partners were HIV-infected, bisexual individuals, or injection drug users;
- Persons with a history of transfusion between 1978 and 1985;
- Persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.

High Risk Settings

- High-risk settings include STD clinics, correctional facilities, homeless shelters, tuberculosis clinics, clinics serving men who have sex with men, and adolescent health clinics with a high prevalence of STDs
- High-prevalence settings are defined by the CDC as facilities known to have a 1% or greater prevalence of infection

Implementation of Health Reform & Prevention Coverage

- Medicaid Expansion
- Medicare Improvements
- Private Insurance Reform
 - Exchanges

Exchanges

- Good opportunity to diagnosis people with HIV
 - Anyone above 133% FPL not covered by private insurance will be in an exchange (or pay penalty)
 - + 32 million people
- State Advocacy critical since Exchanges will be implemented at State level

Concluding Thoughts

- Health Reform Provides An Excellent Opportunity to Increase HIV testing because of prevention coverage
- Mostly determined by USPSTF Grade
- While Routine Testing would not be covered, many opportunities to increase testing for those people who are at risk, including those *in high risk settings and high prevalence areas*

Concluding Thoughts

- Still have work to do through federal regulation
- State decisions key for Medicaid, plus Private Insurance and Exchanges
- USPSTF is currently reviewing Grade for Routine Testing
 - Could be a Significant Game Changer

Resources

- USPSTF:

www.uspreventiveservicestaskforce.org

- USPSTF Grade A & B Recommendations:

www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

- USPSTF HIV Screening Recommendations:

www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm



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THANK YOU

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