THE AIDS INSTITUTE

Opportunities for Expanding HIV Testing through Health Reform

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The AIDS Institute

- National Public Policy, Advocacy, Research and Education Organization
  - Founded in Florida mid-1980s as grassroots mobilization organization
  - Offices in Tampa, FL and Washington, DC
  - Domestic HIV/AIDS and Hepatitis & Global Health
- Federal Public Policy
  - Prevention, Care and Treatment, Research

HIV Testing Policy

- Supportive of Increased Testing
- Supportive of CDC's Guidelines for Routine HIV Testing in Medical Settings
- Focus on Reimbursement/Coverage
  - Lead a Community Workgroup
  - Co-chair with Harlem United & Academy of HIV Medicine

Health Reform

- Desire by President Obama & 111th Congress to not only expand access to care and treatment but also promote prevention to keep people from getting sick
- Sought Specific Coverage for HIV Testing
- Congress chose not to single out certain preventive services
- Selected Preventive Services that receive a Grade A or B from the U.S. Preventive Services Task Force (USPSTF)

Health Reform

- As Health Reform is implemented to expand access to:
  - Medicaid
  - Medicare
  - Private Insurance/Exchanges
- Opportunity to Expand Coverage of HIV Testing
  - But not routine testing, yet
- Opportunities for Coverage of Other Preventive Services as well, including 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

US Preventive Services Task Force

- Recommendations are considered the "gold standard“ for clinical preventive services

- Key to coverage determinations, particularly in health reform implementation

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 of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

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

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

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

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

- Center for Medicaid Services Sent a "Dear State Health Official" Letter on Routine Testing
  - Sent June 2009
  - Encourage states to cover voluntary routine testing under state Medicaid program
  - No enhanced FMAP (not until 2013)
  - 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
  - Congressional Bills to Offer Greater FMAP (111th Congress)
    - Rep. Joe Crowley (HR 3091), Sen. Kirstin Gillibrand (S. 1446)
  - No bill Introduced in the 112th Congress to date

Medicaid – Next Steps

- Work with US Medicaid Services to:
  - Catalogue states that cover HIV testing
  - Develop Best Practices & Cost effectiveness scenarios
- Opportunities under the National HIV/AIDS Strategy
- State Advocacy Key
- Current economic condition is an obstacle

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
- Through a National Coverage Determination CMS decided to cover HIV Testing for High Risk Individuals (Dec. 2009)
  - But did not properly interpret the Grade A for HIV Testing
    - Did not include high risk settings and high prevalence areas

Medicare & Health Reform

- Annual Wellness Visit
- No co-pays for Preventive Services Approved through Coverage Determination
  - And Other Services Recommended by the Secretary
- Began January 1, 2011

Medicare & Health Reform

- Annual Wellness Visit
  - Includes a Health Risk Assessment
  - Provides Personalized Prevention Plan Services

Medicare & Health Reform

- Community asked for "sexual health and substance or drug use history" to be included & HIV test offered
    - CMS Response: List not exhaustive, but could be included
- CDC Soliciting Comments on Health Risk Assessment

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
    - Need Interpretation to Change
  - 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

- For infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the HRSA

- Additional Preventive Care and screenings for women developed by HRSA

Private Insurance Coverage Rule

- Interim Final Rule Issued
  - Did not address other preventive services for women
    - HHS will issue not later than August 1, 2011
    - IOM Study to help HHS Develop Rule

Private Insurance Coverage Rule

- Community Comments were in support of Interim Final Rule
  - Supportive of Coverage for Grade A & B Services
  - Pointed out CDC recommends routine testing
  - Support statement in Rule that allows States to include additional preventive services
    - Some states (e.g. CA) require coverage for Routine HIV testing
  - Look forward to working with them on the rule for other preventive services and screenings for women

Private Insurance

- A Very Good Opportunity to Diagnose People with HIV
  - Coverage for those who are at risk
  - Some plans currently cover routine testing
    - Need study to determine to what extent
    - Advocacy for those that do not

Private Insurance

- Congressional Bill to Require Coverage for Routine Testing (111th Congress)
  - Rep. Maxine Waters (HR 2137)
- States Can Pass their own laws
- Still opportunities through regulation for Women
  - The AIDS Institute offered public comments to IOM

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

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
- If USPSTF changes Grade for Routine Testing, Significant Game Changer

Time for Another Review by the USPSTF?

- Many new studies since 2007
  - Cost effectiveness of routine testing in lower prevalence areas
  - Clinical benefits improved, treatment recommendations changed
  - New studies on reduced transmission when treatment begins
  - New perceptions on the absence of harm of routine testing
- Review is occurring in 2011

Additional Factors

- Coverage is not the only answer
- Also need to address rates and what is reimbursed
- Plus jurisdictional, institutional, and provider will to offer the test
- Health Reform only sets up the ability to cover testing
  - It is only one barrier to HIV testing

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

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THANK YOU

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