THE AIDS INSTITUTE
Opportunities for Expanding HIV Testing Through Health Reform

Lindsey Dawson, Public Policy Associate
United States Conference on AIDS
Chicago, IL
November 10, 2011
Health Reform

- As health reform is implemented access to three key health systems is expanded, along with opportunities to expand HIV testing:
  - Medicaid
  - Medicare
  - Private Insurance/Exchanges

- Two mechanisms which may facilitate HIV testing
  - US Preventive Services Task Force A and B services
  - Essential Health Benefits
US Preventive Services Task Force (USPSTF)

- Sponsored by Agency for Healthcare Research and Quality (AHRQ) at the HHS
- Leading independent panel of private-sector experts in prevention and primary care
- “Conducts rigorous, impartial assessments” of 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, particularly in health reform implementation
# USPSTF Grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestions for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>USPSTF recommends the service. There is a high certainty that the net benefit is substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>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.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>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. ((Previously \text{ no recommendation for/against}).)</td>
<td>Offer or provide this service only if other considerations support offering or providing the service to an individual patient.</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>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.</td>
<td>Discourage the use of this service.</td>
</tr>
<tr>
<td><strong>I Statement</strong></td>
<td>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.</td>
<td>Read the clinical considerations of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about</td>
</tr>
</tbody>
</table>
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 in adolescents and adults who are \textit{not} perceived to be at increased risk for HIV infection

- Grade C Recommendation

- Reconfirmed in 2007 (at old definition)
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.

- 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

But this presents a challenge as we know risk is difficult to determine
High Risk and Prevalence 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 among patient population.
Essential Health Benefits

A suite of comprehensive services to be named by the Secretary and required of plans to cover, with limited cost-sharing, effective 2014 (ACA provision).

- If routine HIV testing is named a preventative service, could be a game changer
  - Expanded Medicaid
  - Private Insurance
    - Those in exchanges and other markets outside, but not grandfathered plans
Essential Health Benefits

- Set of services covering 10 broad categories, including preventative services (not yet identified)

- IOM made suggestions to the Secretary in October
  - But did not list recommend services

- Predicting a proposed rule soon, followed by a comment period, with a final rule in Spring 2012
Essential Health Benefits Actions

- Advocates assume preventative EHBs will be made up of A & B service but trying to get routine HIV testing included
  - Health Care Access Work Group letter to Secretary asking for inclusion of routine testing
  - TAI gave public comments at HHS EHB listening session
  - Rep. Maxine Waters (D-CA) circulating dear colleague letter for House members to sign a letter to the Secretary asking for inclusion of routine testing
Medicare

A good opportunity to diagnosis people with HIV – for those who disabled or over 65

- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
  - Authorizes CMS to add preventive services to Medicare
  - Under this authority CMS covered testing for beneficiaries “at risk” (Dec. 2009)
Medicare and Health Reform

• Preventative services that undergo coverage determination (with A and B ratings) covered **without cost-sharing** (Jan. 2011)
  • Includes HIV tests for “at risk”

• Welcome to Medicare and Annual Wellness visits **without cost-sharing** (Jan. 2011)
  • Health risk assessment
  • Personalized prevention plan
Medicaid and Health Reform

- Potentially the best place to find undiagnosed positives

- Medicaid will be expanded to cover all low income people (up to 138% FPL)
  - +16 million people
Medicaid and Health Reform

- USPSTF
  - States not required but incentivized to cover USPSTF A and B services
    - Enhanced 1% Federal Medical Assistance Percentage (FMAP) (beginning in 2013)
      - At risk individuals, including those in high prevalence areas/risk settings
• Essential Health Benefits
  • State Medicaid plans must cover Essential Health Benefits for most newly-eligible adult Medicaid beneficiaries
  • Could be key if routine HIV testing is covered
Medicaid

- Congressional Bill
  - To require state Medicaid coverage of routine HIV testing (112th Congress)-Rep. Alcee Hastings (HR 1774)
Some plans currently cover routine testing
Some states (e.g. CA) require coverage for routine HIV testing
Potentially the best chance for routine testing with ACA provisions
All people above 138% of FPL will be required to have insurance (+32 million people) who are not otherwise covered
Private Insurance

- USPSTF Grade A and B Services only (those at risk)
  - New group and individual plans to cover (Began September 23, 2010)
    - Without cost sharing
    - Grandfathered plans exempt
Private Insurance

• Essential Health Benefits (EHB)
  • All private plans must cover EHB package
    • Opportunity to include services without A or B USPSTF grades
Private Insurance

- Women’s Preventative Services
  - A package of preventative care services for women (developed through ACA)
  - Non-grandfathered plans and issuers required to provide coverage without cost sharing by 2013
    - Community asked the Secretary to define as routine
      - She defined as annual
  - With these services for women now have greater access than men to HIV screening

Marks first time more comprehensive HIV screening is part of an insurance requirement
Private Insurance

- States can make additional coverage requirements or set minimum benefits for plans operating on Exchanges
  - But at state cost
  - Highlights importance of state advocacy
Concluding Thoughts

To review

- Medicaid- EHB, A&B services (poor incentives), and state mandates
- Medicare- Medicare covered A&B services and others identified by CMS
- Private insurance- A&B, EHB, Women’s Preventative Services and state mandates

While routine testing is not currently covered, many opportunities to increase testing for those people who are at risk (individuals and settings)
Concluding Thoughts

• Health reform provides an excellent opportunity to increase HIV testing through increased prevention services coverage

• Most people will receive some form of insurance as a result of the mandatory coverage requirement

• Mostly determined by USPSTF grade and the Essential Health Benefits Package
Concluding Thoughts

- There is still work to do through federal regulation
- State decisions important to Medicaid, private insurance and Exchanges
- Challenge: Jurisdictional, institutional, and provider barriers-willingness to offer routine testing
- Policy change is the first step; policy implementation is critical

If USPSTF changes grade for routine testing or testing is included in as an Essential Health Benefit, could be a significant game changer

Both are under review
THE AIDS INSTITUTE

THANK YOU

Lindsey Dawson - ldawson@theaidsinstitute.org
202-835-8373
www.theaidsinstitute.org