HIV Testing Reimbursement Subcommittee of the HIV Health Care Access Working Group
(Affiliated with the Federal AIDS Policy Partnership)

March 8, 2012

Dr. David Meyers
Center for Primary Care, Prevention, and Clinical Partnerships
Agency for Healthcare Research and Quality
John M. Eisenberg Building
540 Gaither Road
Rockville, MD 20850

Dear Dr. Meyers:

On behalf of the HIV Testing Reimbursement Subcommittee of the HIV Health Care Access Working Group, affiliated with the Federal AIDS Policy Partnership, and the undersigned organizations, we urge the United States Preventive Services Task Force (USPSTF) to recommend a positive grade for routine HIV screening as you review the compelling current science in support of routine HIV testing.

One in five people living with HIV/AIDS in the U.S., totaling nearly a quarter of a million individuals, are unaware of their HIV status. Diagnosing those individuals and linking them to care and treatment is critical to both their individual health and to the public health.

Treating HIV-positive individuals at the early stages of infection is the best strategy for preserving individual health and results in the best clinical outcomes for patients. Individuals for whom antiretroviral therapy is initiated at early, versus delayed, stages of the disease have been shown to have better outcomes, including longer life expectancy.¹

We also know that assumptions about risk are an ineffective screening strategy. USPSTF has acknowledged this in their earlier analysis that concluded, “a large, good-quality U.S. study found that risk factor assessment can identify individuals at substantially higher risk for HIV, but still misses a significant proportion (20% to 26%) of HIV-positive clients who report no risk factors (since some patients may choose not to disclose high risk behaviors and others, especially women, may be unknowingly at risk from an infected sex partner).”²

In 2009, the CDC announced startling statistics indicating that missed testing opportunities are abundant. They found that nearly 40 percent of patients receive an AIDS diagnosis within 1 year of their

HIV diagnosis, indicating that they probably had been HIV positive for up to ten years prior to testing. CDC explains, that these “finding(s) underscore the need for comprehensive HIV testing programs that include ...routine screening.”³

A further study supports the notion that risk-based screening is not fully effective. Researchers found that one third of newly diagnosed patients in their sample had clinical visits within the three years preceding diagnosis, further suggesting the failures of risk-based testing.⁴ Diagnosing infection at its earliest stages detects people when they are most contagious and also enables faster linkage to care, which is essential in providing the most effective treatment.

These findings support other research that suggests a myriad of reasons for why risk-based testing is ineffective: the difficulty of determining risk associated with social demographics during brief medical encounters, fears of disclosure on behalf of patients, and patient misunderstanding of personal risk, especially among heterosexuals and adolescents.⁵

Undiagnosed HIV infection is a leading contributor to new HIV infections in the United States. Approximately half of all domestic HIV transmissions originate from undiagnosed individuals, or from 20 percent of the HIV-positive population.⁶ Making people aware of their HIV status is critical to public health because when individuals are aware they are HIV-positive, they are more inclined to take steps to prevent spreading the virus.⁷

In addition, early and effective treatment has significant public health implications. As a result of the HPTN052 study (named the “scientific breakthrough of the year” in 2011 by the Journal Science), we have evidence-based confirmation that for HIV, treatment is prevention. That is, the ability to transmit HIV is reduced by up to 96% when an HIV-positive individual is engaged in antiretroviral therapy and viral loads are suppressed.⁸ However, we can only take advantage of this true medical breakthrough by identifying unknown positives through HIV screening and linking those people to care.

Routine HIV screening is widely recognized as evidence-based and best clinical practice. We urge the USPSTF to follow in the footsteps of the CDC, which has recommended, based on clinical evidence, routine HIV testing in all medical settings for all patients between the ages of 13 and 64.⁹

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⁴ Jenkins TC, Gardner EM, Thrun MW, Cohn DL, Burman W. Risk-based human immunodeficiency virus (HIV) testing fails to detect the majority of HIV-infected persons in medical care settings. Sexually Transmitted Disease. 2006;33:329--33.
⁶ Hall, Irene., Holtgrave, David, and Maulsby, Catherine. AIDS. HIV transmission rates from persons living with HIV who are aware and unaware of their infection, United States. 2012 Feb 4.
Further, routine HIV screening also has the broad support of a range of medical associations including: American Medical Association; American Academy of Pediatrics; American College of Emergency Physicians; American College of Nurse-Midwives; and American College of Physicians, among others.  

One of the primary goals of The National HIV/AIDS Strategy is to reduce the annual number of new infections by 25 percent by 2015. The Strategy states that one primary way to do this is to make individuals who are HIV positive aware of their infection and seeks to increase from 79 percent to 90 percent, the percentage of people living with HIV who know their serostatus. This can only be achieved through expanded screening.

Recognizing the importance of early care, another goal of the strategy is to increase access to care and improve health outcomes for persons living with HIV. The strategy sets out a three pronged approach to achieving this: facilitate linkages to care; promote collaboration among providers; and maintain people living with HIV in care. One anticipated outcome would be to increase the proportion of patients linked to care within three months of their HIV diagnosis from 65 percent to 85 percent. Routine HIV screening is key to this second goal as only through an HIV diagnosis realized through testing, can individuals know they need to access care.

The Secretary of Health and Human Services recently included annual HIV screening and counseling for sexually active women as an additional Preventive Service for Women as required by the Affordable Care Act. In doing so, she based her decision on the recommendations of the Institute of Medicine which recognized the importance and evidence base behind regular HIV testing. However, given that men account for 76 percent of all new HIV cases, it is critical that routine HIV testing be extended to them. The USPSTF has the authority to address this inequity by raising the rating of routine HIV testing to an “A” or “B” grade and thereby fostering access to a key preventive tool to men as well as women.

Prevention, testing, and treatment strategies must align with shifting demographics of HIV and mirror our advancing understanding of the science related to HIV infection and transmission. We ask that the USPSTF update the grade for routine HIV testing to an “A” or “B,” in recognition of the vital importance of routine HIV testing.

Thank you for your consideration and attention to this critical issue. Please do not hesitate to contact the HIV Testing Reimbursement Subcommittee co-chairs, Carl Schmid (cschmid@theaidsinstitute.org) and Holly Kilness (holly@aahivm.org), should you request any further information.

Sincerely,

Advocates for Youth
African American Health Alliance
AIDS Action Baltimore
AIDS Action Committee of Massachusetts
AIDS Alabama
AIDS Alliance for Children, Youth & Families
AIDS Community Research Initiative of America

The AIDS Institute
AIDS Resource Center Ohio
AIDS United
American Academy of HIV Medicine
Asian & Pacific Islander American Health Forum
Association of Nurses in AIDS Care
Broward House
Cascade AIDS Project
Center for Research Strategies
Colorado AIDS Project
Community Access National Network
Georgia AIDS Coalition
Harm Reduction Coalition
HealthHIV
HIV Dental Alliance
HIV Law Project
HIV Medicine Association
Hyacinth AIDS Foundation
Legacy Community Health Services
LifeLinc of Maryland
Lifelong AIDS Alliance
Maryland Hepatitis Coalition
National Alliance for HIV Education and Workforce Development
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
National Association of People with AIDS
National Coalition of STD Directors
National Council of Jewish Women
National Minority AIDS Council
National Native American AIDS Prevention Center
Ohio AIDS Coalition
Planned Parenthood Federation of America
Racial and Ethnic Health Disparities Coalition
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
U.S. Positive Women’s Network
Urban Coalition for HIV/AIDS Prevention Services
VillageCare
Women Organized to Respond to Life-threatening Diseases (WORLD)
Women Together for Change