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Opportunities for Expanding HIV Testing through Health Reform

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2010 HIV Prevention Leadership Summit
Washington, DC
December 14, 2010
Health Reform

- Includes Prevention, not just Care and Treatment
  - Medicaid
  - Medicare
  - Private Insurance
  - Exchanges

- Primarily for USPSTF Grade A & B Services

- Should be able to Greatly Expand HIV Testing
  - But not routine testing
US Preventive Services Task Force

- Sponsored by Agency for Healthcare Research and Quality (AHRQ)

- 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
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US Preventive Services Task Force

- Recommendations are considered the "gold standard" for clinical preventive services
- Key to coverage determinations, particularly in health reform implementation
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
Clinical Considerations

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;
- 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 those known to have a 1% or greater prevalence of infection
Medicaid

- Enhanced 1% FMAP for Grade A & B USPSTF Services (beginning in 2013)
  - At risk individuals, including those in high prevalence areas/risk settings
  - State Decision to Implement

- “Dear State Health Official” Letter for Routine Testing
  - No enhanced FMAP
  - 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
  - Work with CMS and Medicaid on Best Practices & Cost effectiveness scenarios
  - Opportunities under the National HIV/AIDS Strategy
  - State Advocacy Key
Medicare

- Annual Wellness Visit
- Coverage of Grade A & B USPSTF Services
  - And Other Services Recommended by the Secretary
- Beginning January 1, 2011
Medicare Coverage Rule

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

- 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 Coverage Rule

- Coverage of Grade A and B Services
  - Through a National Coverage Determination CMS already includes HIV Testing for High Risk Individuals (Dec. 2009)
    - Authority Granted Under Medicare Improvements for Patients and Providers Act of 2008
      - Provides Option to CMS to Cover Grade A or B Preventive Services
    - But did not properly interpret the Grade A for HIV Testing
      - Did not include high risk settings and high prevalence areas
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
    - Hope Interpretation will 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 (Beginning September 23, 2010)

- 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 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
  • States Can Pass their own laws
  • Still opportunities through regulation for Women
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
  • But state has to pay for them
Exchanges

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

• 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
• 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 will occur in 2011
Final Thoughts

• Coverage is not the only answer

• Also need to address rate of reimbursement

• 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
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THANK YOU

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