

Establishing Routine, Opt-Out Screening Policies for HIV, Viral Hepatitis, STDs & TB

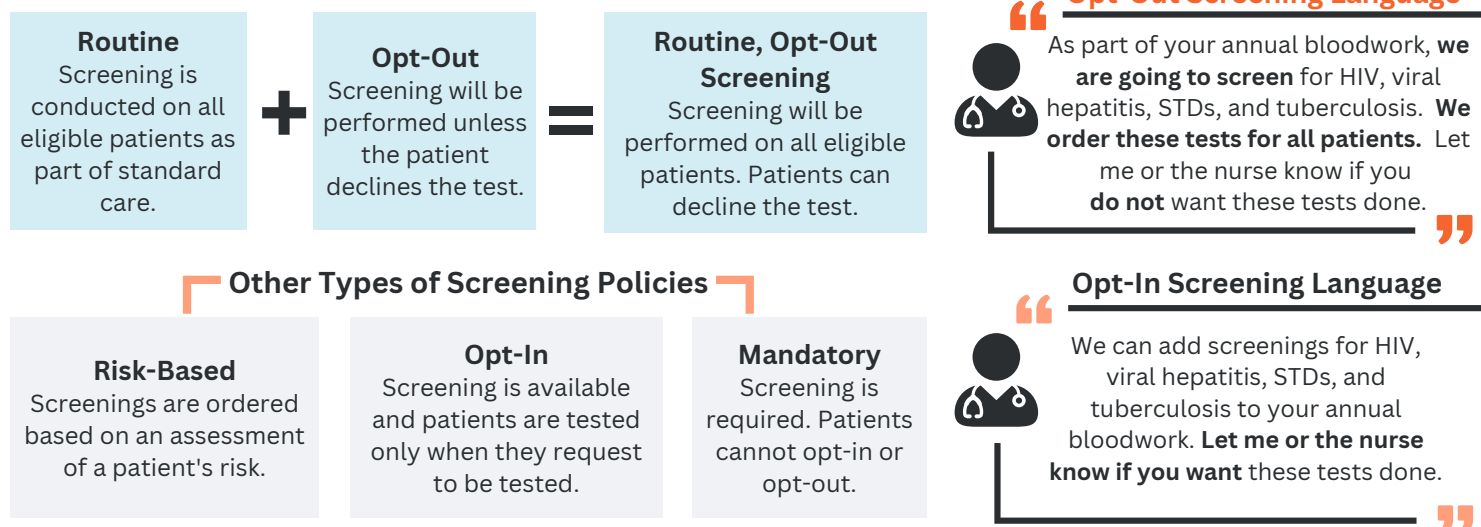
OVERVIEW

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WHAT IS THE PURPOSE OF THIS POLICY LANDSCAPE?

- 1 Describe the policy landscape of routine, opt-out screening policies in seven high-impact settings:
 1. Primary care
 2. Emergency departments
 3. STD clinics
 4. Correctional facilities
 5. School-based health centers
 6. Syringe services programs
 7. Homeless services
- 2 Assist policymakers and decision-makers who are considering implementing routine, opt-out screening in their jurisdiction

WHAT IS ROUTINE, OPT-OUT SCREENING?



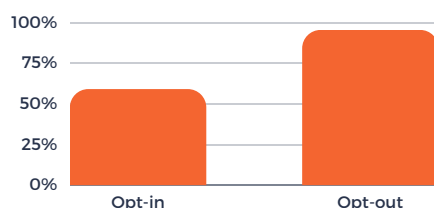
WHY IS ROUTINE, OPT-OUT SCREENING IMPORTANT IN HIGH-IMPACT SETTINGS?

Improve Health Equity

A routine, opt-out gonorrhea and chlamydia screening program for youth ages 14-24 across various primary care settings led to a **14% increase in testing** and the differences in testing rates between male and female patients, English and Spanish-speaking patients, and White and Black or African-American patients. [1]

Increase Testing Rates

Results of a 2016 study showed a significant difference in **HIV test acceptance rates** through opt-in (59%) and opt-out (95%) screening methods among people who were incarcerated. [2]



Make New Diagnoses & Link to Care


An evaluation of an emergency department (ED) in Florida found that **26% of people who tested positive for HIV under an opt-out screening policy were new diagnoses**. The ED staff also **linked 83% of patients with new HIV diagnoses to care**. [3]

Routine, opt-out screening (ROS) is a **health equity intervention**. ROS provides screening to all eligible patients. **ROS is important in high-impact settings** because it can help remove stigma and misconceptions associated with screening, detect undiagnosed infections, facilitate linkage to treatment, and reduce risk of transmission.


WHAT DOES THE POLICY LANDSCAPE ASSESS?

The project scanned and assessed the policies of six "snapshot" states (California, Florida, Georgia, Illinois, New York, and Texas). Additional project activities included eight key informant interviews with experts on the selected high-impact settings.


Infectious Diseases




HIV



Viral Hepatitis




STDs (chlamydia, gonorrhea, syphilis)




Tuberculosis


"Snapshot" States




California




Florida




Georgia



Illinois




New York




Texas


High-Impact Settings




Primary Care




Emergency Departments




STD Clinics




Correctional Facilities



School-Based Health Centers



Syringe Services Programs









Homeless Services

HOW WERE THE "SNAPSHOT STATES" SELECTED?

The six "snapshot states" - California, Florida, Georgia, Illinois, New York, and Texas - collectively account for a **significant percentage of infections nationwide**.

State Ranking by Number of Cases, 2019 [4]

Snapshot State		HIV	HBV	HCV	Chalmydia	Primary & Secondary Syphilis	Congenital Syphilis	TB
	California	1	8	7	1	1	1	2
	Florida	3	1	1	4	4	2	3
	Georgia	5	7	21	7	8	5	6
	Illinois	7	21	9	5	5	6	9
	New York	2	10	3	3	3	3	12
	Texas	4	15	23	2	2	4	1

WHERE CAN I FIND MY STATE'S POLICIES ON ROUTINE, OPT-OUT SCREENING?



Routine, opt-out screening policies can be issued by **various levels of government** and can be established by state laws, administrative codes, or state agency policies or guidelines.



For most high-impact settings, screening laws may be found in a state’s Health and Safety Code, Health or Public Health Code, or equivalent chapter of the law or administrative code.



Certain settings may be regulated by **chapters of the law which are more directly related to that setting**, such as the Corrections Code or Education Code.



State agencies such as the Department of Corrections, Department of Health, and Department of Public Health **may provide screening policies or recommendations on their website**. These policies may be used to supplement or expand upon the requirements established by state laws.

Across the six snapshot states, state-level policies on routine, opt-out screening in high-impact settings were commonly found in similar or parallel sources identified below. This section is intended to identify a **starting point** for where to look for relevant policies in your state; your state may not have relevant policies at these sources.

Source	State Law			Agency		
High-Impact Setting	Health Code	Public Health Code	Other	Dept. of Health	Dept. of Public Health	Other
Primary Care	✓	✓		✓	✓	
Emergency Departments	✓	✓		✓	✓	
STD Clinics	✓	✓		✓	✓	
Correctional Facilities	✓	✓		✓	✓	Dept. of Corrections
School-Based Health Centers	✓	✓	Education Code	✓	✓	Dept. of Education
Syringe Services Programs	✓	✓		✓	✓	
Homeless Services	✓	✓		✓	✓	Dept. of Homeless Services

WHAT ARE SOME GENERAL POLICY CONSIDERATIONS FOR IMPLEMENTING ROUTINE, OPT-OUT SCREENING?

Considerations for all high-impact settings

1

Tailor screening guidelines for STD clinics to local disease prevalence and relevant population needs.

There is not a one-size-fits-all approach when implementing routine, opt-out screening. Connect with your state or local health department to determine which screening protocols are supported by data that is reflective of the population, disease rates in the community, and available local resources.

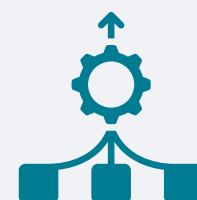
→ Click [here](#) for more information about disease prevalence rates for HIV, STDs, viral hepatitis, and TB.



2

Utilize existing staff and resources to maximize efficiency and minimize workflow disruption.

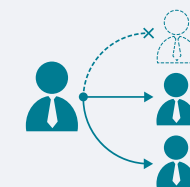
Limited resources such as staffing, time, and technology may pose barriers to implementing ROS. ROS should be integrated into current procedures such as asking nurses to draw extra blood for screening during routine blood draws and existing technology such as adding standing orders to all eligible patients' medical records.



3

Simplify procedures for reporting positive cases to federal and non-federal agencies.

Some providers may feel less inclined to offer screening or report positive cases due to a lack of understanding of reporting procedures. Providers should have clear and simple training resources and procedures for who to notify, when, and how.



4

Understand assent and consent requirements for minors.

In all 50 states, minors are legally allowed to consent to receiving STD services, including testing and diagnosis. However, some states allow physicians to inform the minor's parent that the child sought STD services and parents may also receive an Explanation of Benefits (EOB) from their insurance company that describes the services that their child received, including STD screening. Decisionmakers should be aware of how these factors could discourage young patients from seeking STD screening.



REFERENCES

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- [3] Eckardt, P., Niu, J., & Montalvo, S. (2021). Emergency room "opt-out" HIV testing pre- and during COVID-19 pandemic in a large community health system. *Journal of the International Association of Providers of AIDS Care*, 20. <https://doi.org/10.1177/23259582211041260>
- [4] Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. <https://www.cdc.gov/nchhstp/atlas/index.htm>