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

## EMERGENCY DEPARTMENTS

**August 2023**

**WHO is this resource for?**

This resource was developed for state and local policymakers, emergency medicine providers, hospital system directors, and public health decision makers.

**WHAT does this resource offer?**

This resource synthesizes information on routine, opt-out screening policies for HIV, viral hepatitis, STDs (specifically chlamydia, gonorrhea, and syphilis), and tuberculosis (TB) in emergency departments in six states with high disease prevalence: California, Florida, Georgia, Illinois, New York, and Texas.

## WHAT IS ROUTINE, OPT-OUT SCREENING?

**Routine, opt-out screening** occurs when a healthcare provider screens all eligible patients **(routine)** instead of using an individualized risk-based assessment, and informs the patient that a test will be performed unless they explicitly decline the test **(opt-out)**. Alternatively, "opt-in" screening occurs when patients are asked if they want a test to be performed.

**Implementing routine, opt-out screening in emergency departments can increase testing, identify new infections, and effectively link people to treatment.**

### Increase Testing Rates

A study of HIV screening programs in emergency departments found a notable **difference in HIV test acceptance rates** among patients when using opt-out screening (44%) versus opt-in screening (19%). [1]

*Bar chart: Test acceptance rate — Opt-in ~19%, Opt-out ~44% (y-axis 0%–50%)*
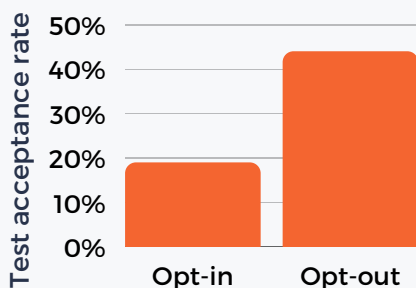
### Make New Diagnoses & Link to Care

An evaluation of an emergency department 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**. [2]

### Identify Asymptomatic Cases

A study of an **opt-out syphilis screening** program in a Chicago emergency department found that only **19%** of patients who tested positive for syphilis had presented to the emergency department with STD-related complaints.

This demonstrates that **more cases can be identified through routine, opt-out screening** than risk-based or symptom-based screening. [3]

**Routine, opt-out screening can be cost-effective and highly effective in identifying undiagnosed infections, reducing the stigma associated with infectious disease testing, facilitating earlier diagnosis and treatment, and reducing risk of transmission.** [4-8]

**Routine, Opt-Out Screening in Other High-Impact Settings**

Overview | Correctional Facilities | Harm Reduction & Syringe Services Programs | Homeless & Houseless Services | Prenatal Services | Primary Care | School-Based Health Centers | STD Clinics

## HOW DO POLICIES DESCRIBE SCREENING?

### *ROUTINE, OPT-OUT SCREENING*

Policies explicitly describing or requiring routine, opt-out screening in hospital emergency departments were not identified in the six states with high disease prevalence (California, Florida, Georgia, Illinois, New York, and Texas). However, **some hospital systems have implemented routine, opt-out screening programs** (please see "Case Studies" below for institutional policies in emergency departments).

### *OTHER SCREENING POLICIES*

The following policy language does ***not*** *explicitly* indicate routine, opt-out screening:

New York law states that individuals older than 13 years who have received care in an emergency department shall **"be offered an HIV related test."** Similarly, California law established a pilot program implementing routine HIV screening in emergency departments, stating that participating hospitals **"shall offer an HIV test"** to patients.

California law also states that "Emergency department providers in local health jurisdictions with high [congenital syphilis] morbidity **should consider confirming the syphilis status** of all pregnant patients prior to discharge, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable."

## CASE STUDIES
## ROUTINE, OPT-OUT SCREENING IN EMERGENCY DEPTS

While the six states with high disease prevalence do not currently have state laws describing or requiring routine, opt-out screening in emergency departments, several emergency departments in these states have established routine, opt-out screening programs.

**Highland Emergency, Oakland, California:** Highland Emergency provides "universal," opt-out **HIV and Hepatitis C screening** to patients using its "electronic health record to automatically link screening to standard blood orders." [10]

**Memorial Healthcare, Hollywood, Florida:** The Division of Infectious Disease provides routine, opt-out **HIV testing** to emergency department patients 16 years and older. [2, 11]

**Grady Memorial Hospital, Atlanta, Georgia:** Grady has a routine, opt-out rapid **HIV screening** program for emergency department patients 18 years and older. [12, 13]

**Emergency Department, Chicago, Illinois:** Adding to its existing **HIV screening** program, a Chicago emergency department implemented a routine, opt-out **syphilis screening** program for patients ages 18 to 64 years. [3]

**Harris Hospital System, Houston, Texas:** Harris Health implemented a routine, opt-out **HIV screening** program called Routine Universal Screening for HIV (RUSH) in emergency departments. The program tests all patients 16 years and older who need a blood draw. [14]

# KEY CONSIDERATIONS: ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

**1** **Tailor screening guidelines for emergency departments 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.
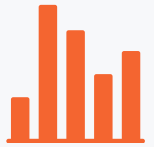
**2** **Identify current policies on routine, opt-out screening for emergency departments in your state or jurisdiction.**

Screening policies may be issued by various branches of government, such as state or local legislatures, administrative and regulatory bodies, or agencies like departments of health.

**3** **Screening can be integrated into emergency department workflow.**

Integrating routine, opt-out testing orders into an existing electronic health record system can help increase screening rates. However, alerts or reminders to order tests should be limited to avoid distracting providers from their patients' urgent concerns.

*...the goal should be to integrate [routine, opt-out screening] into hospital and ER workflows so that you don't need grants to fund [the program]. It should just be the standard of care [...], that's got to be the mission from the beginning." – **Nurse practitioner & HIV care specialist***

**4** **Insurance may support the cost of routine, opt-out screening programs.**

Because screening is part of regular health maintenance, the costs of routine, opt-out screening programs may be covered by insurance. Some hospitals have absorbed the cost of testing materials and labs to implement emergency department screening programs.

**5** **Champions can help advance routine, opt-out screening programs.**

Nurses, doctors, and other emergency department personnel can integrate screening into their workflow and serve as advocates, or champions, of screening programs and explain why the emergency department is an important setting to conduct screening. This could increase institutional buy-in and bolster the effectiveness of the program. [15]

*I really wanted [the program] to be nurse driven...to help support my colleagues to really feel like they are taking charge because they're the ones doing a lot of the patient care... they're also doing all the blood work, they're drawing the tubes anyway. So it's really low hanging fruit to just add on what was actually four extra blood tubes, because our tests would include the rapid HIV antigen antibody tests and HCV antibody." – **Nurse practitioner & HIV care specialist,** on establishing an emergency department routine, opt-out screening program*

**6** **Establish relationships with treatment clinics to link patients to care.**

Emergency departments with routine, opt-out screening programs should establish relationships with HIV clinics and other treatment programs within their own hospital system or community to streamline linkage to care for patients with positive test results. Hospitals should identify a point of contact in each clinic so emergency department providers can efficiently link patients to care.

# POLICY REFERENCES FROM THE SIX STATES WITH HIGH DISEASE PREVALENCE: HIV, VIRAL HEPATITIS, STDS, & TB

### CALIFORNIA

**State Law:**
- CA Health & Safety Code § 120992
- CA Health & Safety Code § 120685

**Department of Public Health:**
- California Department of Public Health STD Control Branch

### NEW YORK

**State Law:**
- NY Public Health Law Article 27-F, Sec. 2781-A: Required offering of HIV related testing

## ADDITIONAL REFERENCES:

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