

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

OVERVIEW

August 2023

WHAT IS THE PURPOSE OF THIS POLICY TOOLKIT?

1 Equip policy makers and decision makers to advance routine, opt-out screening policies.

Policy and decision makers have a unique ability to advance high-impact health policies. Policy and decision makers can use this policy toolkit to understand how routine, opt-out screening policies could benefit their state, have been (and can be) codified, and are affected by local context.

2 Describe the routine, opt-out screening policy landscape in eight high-impact settings and services.

- Correctional facilities
- Emergency departments (EDs)
- Harm reduction & syringe services programs (SSPs)
- Homeless & houseless services
- Prenatal care services
- Primary care
- School-based health centers (SBHCs)
- Sexually transmitted disease (STD) clinics

This policy toolkit provides a "snapshot" of relevant state-level policies.

This toolkit is not intended as a formal recommendation or guide for implementation.

WHAT IS ROUTINE, OPT-OUT SCREENING?

Routine

Screening is conducted on all eligible patients as part of standard care.



Opt-Out

Screening will be performed unless the patient declines the test.



Routine, Opt-Out Screening

Screening will be performed on all eligible patients. Patients can decline the test.

Opt-Out Language



As part of your annual bloodwork, **we're going to screen** for HIV, viral hepatitis, STDs, and tuberculosis. **We order these tests for all patients.** Let me or the nurse know if you **do not want** these tests done.

Other Types of Screening Policies

Need-Based

Screenings are ordered as they may benefit patients with symptoms or reported behaviors.

Opt-In

Screening is available, and patients are tested only when they request to be tested.

Mandatory

Screening is required. Patients cannot opt-in or opt-out.

Opt-In Language



We can add screenings for HIV, viral hepatitis, STDs, and tuberculosis to your annual bloodwork. **Let me know if you want** these tests done.

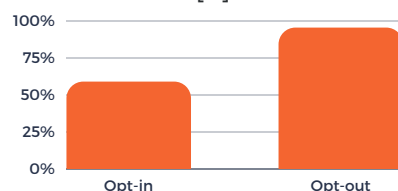
WHY IS ROUTINE, OPT-OUT SCREENING IMPORTANT IN HIGH-IMPACT SETTINGS & SERVICES?

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 **decreased 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 is a **health equity intervention**.

In high-impact settings, routine, opt-out screening can reduce stigma and misconceptions, detect undiagnosed infections, facilitate linkage to treatment, and reduce risk of transmission.


WHAT DOES THE POLICY TOOLKIT ASSESS?


This toolkit assesses policies related to routine, opt-out screening in six states with high disease prevalence (California, Florida, Georgia, Illinois, New York, and Texas). The project team also conducted eight key informant interviews with experts in identified high-impact settings.


Infectious Diseases


HIVViral HepatitisSTDs (chlamydia, gonorrhea, syphilis)Tuberculosis


States



California


Florida



Georgia



Illinois



New York



Texas


High-Impact Settings & Services



Correctional Facilities



Emergency Departments



Harm Reduction & SSPs


Homeless & Houseless Services


Prenatal Services


Primary Care








School-Based Health Centers


STD Clinics

HOW WERE THE SIX STATES SELECTED?

The six states - California, Florida, Georgia, Illinois, New York, and Texas - collectively account for a **significant percentage of infections nationwide**. The table below shows the ranking of the six states based on the number of new cases identified in each state in 2019. Rankings are determined by comparing all 50 states, with 1 indicating the highest number of new cases and 50 the lowest number of new cases.

State Ranking by Number of Cases, 2019 [4]

State		HIV	HBV	HCV	Chlamydia	Gonorrhea	Primary & Secondary Syphilis	Congenital Syphilis	TB
	California	1	8	7	1	1	1	2	1
	Florida	3	1	1	4	4	2	3	4
	Georgia	4	7	20	7	8	5	6	7
	Illinois	7	21	9	5	5	6	9	5
	New York	5	10	3	3	3	3	12	3
	Texas	2	15	22	2	2	4	1	2

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 and services, screening laws may be found in a state’s Health and Safety Code, Health or Public Health Code, or equivalent chapter of the state’s law or administrative code.



Certain settings may be regulated by **chapters of the law which are 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.

State-level policies related to routine, opt-out screening in high-impact settings are commonly issued through **state law**, and by **government departments/agencies**. These sources are a **starting point** to find relevant screening policies in your state. Relevant policies may not exist in every state.

Source	State Law			Department/Agency		
High-Impact Setting	Health Code	Public Health Code	Other	Dept. of Health	Dept. of Public Health	Other
Correctional Facilities	✓	✓		✓	✓	Dept. of Corrections
Emergency Departments	✓	✓		✓	✓	
Harm Reduction & SSPs	✓	✓		✓	✓	
Homeless & Houseless Services	✓	✓		✓	✓	Dept. of Homeless Services
Prenatal Care	✓	✓		✓	✓	
Primary Care	✓	✓		✓	✓	
School-Based Health Centers	✓	✓	Education Code	✓	✓	Dept. of Education
STD Clinics	✓	✓		✓	✓	

KEY CONSIDERATIONS: ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

1 Tailor screening guidelines 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 the screening protocols that 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.



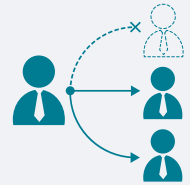
2 Utilize existing staff and resources to maximize efficiency and minimize workflow disruption.

Limited resources such as staffing, time, and technology may pose barriers to implementing routine, opt-out screening. Routine, opt-out screening should be integrated into current procedures, such as asking nurses to draw extra blood for screening during routine blood draws, and into 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 and the District of Columbia, **minors are legally allowed to consent** to receiving STD services, including testing and diagnosis. However, several factors could discourage young patients from seeking STD screening. For example, in some states, physicians may inform the minor's parent that the child sought STD services, parents may access their child's STD records, and parents may receive an Explanation of Benefits (EOB) from their insurance company that describes the services that their child received, including STD screening.



Notes from the Field

“Routine screening is part of regular health, regular checkups.”
- *Clinical & sexual health expert*



“I think the benefit [to opt-out screening] is ... you're able to better screen patients and catch some of these infectious diseases a little bit earlier and offer treatment.”
- *Medical Director & primary care physician*

CDC SCREENING RECOMMENDATIONS FOR HIV, VIRAL HEPATITIS, STDS & TB

HIV

Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (published September 2006)

- Routine, opt-out HIV screening for all patients aged 13-64 years
- Persons who experience high risk for HIV should be screened for HIV at least annually

Viral Hepatitis

Testing Recommendations for Hepatitis C Virus Infection (last reviewed July 13, 2023)

- Hepatitis C screening at least once in a lifetime for all adults aged 18 and older, and routine periodic testing for people with ongoing risk factors

Screening and Testing Recommendations for Chronic Hepatitis B Virus Infection (HBV) (last reviewed March 28, 2022)

- Hepatitis B screening for all adults aged 18 and older at least once in their lifetime and periodic testing for people at increased risk

STDs (Chlamydia, Gonorrhea, Syphilis)

STI Treatment Guidelines: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources (last reviewed June 6, 2022)

- Includes screening recommendations by population for chlamydia, gonorrhea, syphilis, and other STDs

TB

Who Should be Tested for TB Infection (last reviewed April 14, 2016)

REFERENCES

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