

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

SCHOOL-BASED HEALTH CENTERS

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WHO is this resource for?

This resource was developed for state and local policymakers, school-based health center clinicians, 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 school-based health centers and other school health programs 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.

WHY IS ROUTINE, OPT-OUT SCREENING IMPORTANT IN SCHOOL-BASED HEALTH CENTERS?

In 2020, youth aged 15-24 accounted for:

53%
of all
new STDs

61%
of new
chlamydia cases [1]

Implementing routine, opt-out screening in school-based health centers (SBHCs) can **advance health equity**. SBHCs provide primary and preventive care to students who may be uninsured, underinsured, or may otherwise not have access to health care, and many SBHCs disproportionately serve students from racial and ethnic minority groups and students from households with lower incomes. [3]

In 2020, **20%** of new **HIV diagnoses** were among people aged 13-24.

Only **6%** of U.S. high school students **have ever been tested for HIV**. [2]

Many SBHCs are funded by federal grants and sponsored by health networks, like hospitals, health departments, or federally qualified health centers. SBHC grants **provide funding to SBHC operations, staff, and on-site access or referrals to culturally competent primary care**. [3]

Many SBHCs provide reproductive health services, including STD testing and treatment. Research suggests that **adolescents with chlamydia and/or gonorrhea are more likely to complete treatment and can access treatment faster at SBHCs than at family planning clinics or STD clinics**. This demonstrates SBHCs could improve STD treatment outcomes for adolescents. [4,5]

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. [6-9]

[Routine, Opt-Out Screening in Other High-Impact Settings](#)



Overview



Correctional Facilities



Emergency Departments



Harm Reduction & Syringe Services Programs



Homeless & Houseless Services



Prenatal Services



Primary Care



STD Clinics

Click [here](#) to view CDC screening recommendations for HIV, viral hepatitis, STDs, and TB.

- Click [here](#) to view CDC's testing recommendations for adolescent and school health. [10]
- Click [here](#) for additional CDC resources about the benefits of sexual health services in schools. [11]

HOW DO POLICIES DESCRIBE SCREENING?

ROUTINE, OPT-OUT SCREENING

Policies explicitly describing or requiring routine, opt-out screening in SBHCs were not identified in the six states with high disease prevalence (California, Florida, Georgia, Illinois, New York, and Texas).

OTHER SCREENING POLICIES

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

The [New York Department of Health's policy](#) is based on [New York State's Child/Teen Health Plan \(CTHP\)](#), which states that "adolescents aged 13 years and older **must be assessed** for the need for serological screening for syphilis," implying that all eligible adolescents are assessed to determine their likelihood of getting syphilis and are then tested for syphilis if it is deemed necessary.

The [New York Department of Health's policy](#) (referenced above) also states that "all sexually active females **should be offered** a routine gynecological examination, pap smear, [and] gonococcal culture."

Many policies from the six states with high disease prevalence include language such as "**required**" or "**may not**" to describe services that SBHCs can or cannot provide as a condition of state funding. However, these policies do not clearly indicate whether services are delivered through routine, opt-out screening.

WHAT SCHOOL HEALTH PROGRAMS DO STUDENT HEALTH-RELATED POLICIES APPLY TO?

Laws addressing student health may apply to slightly varied settings, depending on the state:

- [New York](#), [Illinois](#), and [Texas](#) laws specifically apply to **school-based health centers**.
- [California](#) law refers to "**public school health center[s]**."
- [Georgia](#) law addresses "**health services**."
- [Florida](#) law applies to "**school health services**."

WHAT TYPES OF SCREENING ARE PROVIDED?

Policies in the six states with high disease prevalence often do not specify “screening” or “testing” when outlining services that SBHCs can provide. Instead, they may include references to general **“reproductive (health) services”** or **care for “sexually transmitted diseases.”** Without explicit definitions, specific services provided by SBHCs are open to interpretation, and relevant policies may not explicitly authorize the provision of STD screening services.

Reproductive Health Care

California law governing the Public School Health Center Support Program states that services **may include “reproductive health services,”** but does not further define these services or specify whether these services include STD screening.

STD Care

Florida law and the Illinois administrative code, respectively, mention that **“care” or “testing” for STDs** are provided by school health programs.

The New York Department of Health states that SBHC services **must include “age appropriate reproductive health care.”** The policy states that “age appropriate” services must comply with New York State’s Child/Teen Health Plan (CTHP), which specifies which **STD screenings** should be provided to adolescents.

HOW IS SCREENING PROVIDED?

Policies in the six states with high disease prevalence specify whether SBHCs must provide services **directly or by referral**. SBHCs may partner with their sponsoring health department, hospital, federally qualified health center (FQHC) or other health agency to provide referrals to patients. [3]

- **Direct care:** The New York Department of Health states that “all SBHCs must provide age appropriate, **on-site**, core primary care services...”
- **Referral:** Florida law states that school health services **“shall include referral care”** for STDs.
- **Direct care and/or referral:** Illinois’ administrative code states that “diagnosis and treatment of [STDs]” may be “provided **directly or by referral** based upon local Advisory Board approval.”



Notes from the Field

I think that when a student goes into a school-based health center and is receiving STI testing or treatment, **it doesn't necessarily look like they're going in for a sensitive service. They could be going in for all sorts of things** ... if they were instead going to a Planned Parenthood clinic or an STI clinic in the community, it's a lot more obvious what they're going in there for.”

- School health policy expert

KEY CONSIDERATIONS:

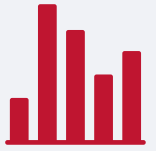
ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

1

Tailor screening guidelines for SBHCs 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 SBHCs 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

Assess the terms and conditions set by SBHC funders or sponsors.

In addition to state-level policies, SBHCs must comply with funders or sponsors (typically larger health practice networks) who specify which services - such as STD testing - are required, allowed, or prohibited. Funders or sponsors can determine student consent requirements, testing frequency, and which STDs to test for. For instance, [Texas law](#) states that “reproductive services, counseling, or referrals may not be provided through” SBHCs funded by certain grants.



4

Partner with clinical and school staff to bolster trust with students and parents.

SBHCs are located within schools, but are operated by medical sponsor agencies such as federally qualified health centers or health departments, and work with students' primary care providers. Partnerships between clinical and school staff are important for educating, supporting, and building trust with students, parents, and schools.



5

Prioritize community education on the importance of routine, opt-out screening.

Providing sexual health services for youth can be a sensitive and controversial topic. Promoting education on the importance of STD testing as primary, preventive care may help obtain buy-in from parents and the community.



6

Consider minor confidentiality laws.

SBHCs should consider minor consent and insurance billing laws and understand how these factors may discourage students from seeking STD screening. While minors in all 50 states are legally allowed to consent to receiving STD services, including testing, **some states require minors to be 12 or 14 years old** to consent. Some states also allow physicians to **inform a minor's parent** that their child sought STD services. Insurance companies may also notify parents that their child received STD screenings. [12]



“[It is important that SBHCs] are very clear about what minors can consent for and are encouraging, supporting, and helping students build the communication with those in their family that need to know.” – **School health policy expert**

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

CALIFORNIA	State Law: <ul style="list-style-type: none">CA Health & Safety Code § 124174.6 (2022)
FLORIDA	State Law <ul style="list-style-type: none">2022 Florida Statutes Title XXIX, § 381.0056: School health services program2022 Florida Statutes, Title XXIX, § 381.0057 Funding for school health services
GEORGIA	Rules and Regulations <ul style="list-style-type: none">Rule 160-4-8-.01 Student Support Services
ILLINOIS	Administrative Code <ul style="list-style-type: none">Admin. Code, Title 77: Social Services, Chapter 1: Department of Public Health, Subchapter I: Maternal and Child Health, Part 641 School-Based/Linked Health Centers, § 641.60: Scope of Services
NEW YORK	Department of Health <ul style="list-style-type: none">Principles and Guidelines for School Based Health Centers in New York State State Codes, Rules, and Regulations <ul style="list-style-type: none">Child/Teen Health Plan (C/THP), § 508.8 - Standards and Periodicity
TEXAS	State Law <ul style="list-style-type: none">Tex. Education Code § 38.055

ADDITIONAL REFERENCES:

[1] Centers for Disease Control and Prevention (US). Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Sexually transmitted disease surveillance 2020 [Internet]. [cited 2023 Aug 1]. Available from: <https://www.cdc.gov/std/statistics/2020/2020-SR-4-10-2023.pdf>

[2] Centers for Disease Control and Prevention (US). Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. HIV information and youth [Internet]. [reviewed 2023 Mar 16; cited 2023 Aug 1]. Available from: https://www.cdc.gov/healthyyouth/youth_hiv/hiv-information-and-youth.htm

[3] Boonstra, HD. Meeting the sexual and reproductive health needs of adolescents in school-based health centers. Guttmacher Policy Review [Internet]. 2015 Apr [cited 2023 Aug 1];18(1). Available from: <https://www.guttmacher.org/gpr/2015/04/meeting-sexual-and-reproductive-health-needs-adolescents-school-based-health-centers>

[4] Sabharwal M, Masinter L, Weaver KN. Examining time to treatment and the role of school-based health centers in a school-based sexually transmitted infection program. J Sch Health [Internet]. 2018 Aug [cited 2023 Aug 1];88(8):590-595. Available from: <https://pubmed.ncbi.nlm.nih.gov/29992604/>

[5] Raphael M, Abacan AA, Smith PB, Chacko MR. Adolescents accessing school-based versus family planning clinics: chlamydia and gonorrhea testing and treatment outcomes. Biology (Basel) [Internet]. 2022 Mar 29 [cited 2023 Aug 1];11(4):521. Available from: <https://pubmed.ncbi.nlm.nih.gov/35453720/>

[6] Branson BM, Handsfield HH, Lampe MA, Janssen RS, Taylor AW, Lyss SB, Clark JE. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. Morb Mortal Wkly Rep [Internet]. 2006 Sep 22 [cited 2023 Aug 1];55(RR14):1-17. Available from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

[7] Serag H, Clark I, Naig C, Lakey D, Tiruneh YM. Financing benefits and barriers to routine HIV screening in clinical settings in the United States: a scoping review. Int J Environ Res Public Health. 2022 Dec 27 [cited 2023 Aug 1];20(1):457. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9819288/>

[8] Owusu-Edusei K Jr, Hoover KW, Gift TL. Cost-effectiveness of opt-out chlamydia testing for high-risk young women in the U.S. Am J Prev Med [Internet]. 2016 Aug [cited 2023 Aug 1];51(2):216-224. Available from: <https://pubmed.ncbi.nlm.nih.gov/26952078/>

[9] Alsduf H, Empringham B, Miller C, Zwerling A. Tuberculosis screening costs and cost-effectiveness in high-risk groups: a systematic review. BMC Infect Dis. 2021 Sep 8 [cited 2023 Aug 1];21(1):935. Available from: <https://pubmed.ncbi.nlm.nih.gov/34496804/>

[10] Centers for Disease Control and Prevention (US). Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. STD testing: information for parents of adolescents [Internet]. [reviewed 2020 Jun 22; cited 2023 Aug 1]. Available from: https://www.cdc.gov/healthyyouth/healthservices/infobriefs/std_testing_information.htm

[11] Centers for Disease Control and Prevention (US). Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. What works in schools: sexual health services [Internet]. [reviewed 2023 Apr 11; cited 2023 Aug 1]. Available from: <https://www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-services.htm>

[12] Guttmacher Institute. Minors' access to STI services [Internet]. [reviewed 2023 Sep 1; cited 2023 Sep 1]. Available from: <https://www.guttmacher.org/state-policy/explore/minors-access-sti-services>