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Publishing Title: The Survival Cost of Opt-In Consent for HIV Testing

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Abstract Body: Background:

Although the CDC recommends routine opt-out HIV testing, numerous states still require opt-in consent. Our objective was to quantify the survival losses due to reduced testing associated with opt-in state consent laws.

Methods:

We examined the difference in 2006 testing rates between states with opt-in vs. opt-out consent laws. Using systematic reviews of state statutes, we categorized states by consent law and used state and national HIV surveillance reports to calculate and compare 2006 testing rates between categories. We applied the testing rate differential to a published simulation model of HIV disease and screening to quantify survival gains forgone by opt-in states. Input data for opt-in states included: 0.09% undiagnosed prevalence, 0.02% annual incidence, and treatment efficacy based on 6 sequential lines of ART. In sensitivity analyses, we varied our estimates of the testing rate increase due to opt-out testing, undiagnosed prevalence, and incidence. We also considered scenarios in which opt-out consent discouraged segments of the population from testing.

Results:

In 2006, the probability of diagnosis of HIV-infected persons was 19.9% in opt-in states and 24.9% in opt-out states, a difference of 25% attributable to opt-out consent. In the basecase, the mean lifespan of HIV-infected persons was 792.1 months in opt-in states vs. 801.2 months in opt-out states. Nationwide implementation of opt-out testing would translate to 549,437 life years saved (LYS) over the lifetime of the current HIV-infected population. If the testing rate increase associated with opt-out consent was 12.5%, national opt-out testing would yield 348,210 LYS; a 37.5% increase would yield 744,540 LYS. To obviate the basecase gains, 25.4% of the population would need to decrease their rate of testing by half or 10.4% would need to cease all testing in response to opt-out consent. Results were relatively insensitive to uncertainty in undiagnosed prevalence/incidence.

Conclusion:

Reduced HIV testing due to opt-in consent is associated with a significant loss of life
- revision of state laws in accordance with CDC recommendations could yield
549,437 LYS.

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