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HEALTH ACTUARIES & CONSULTANTS

Maryland STD Home Test Kit Analysis

Presentation to the Maryland Health Care Commission – January 19, 2023

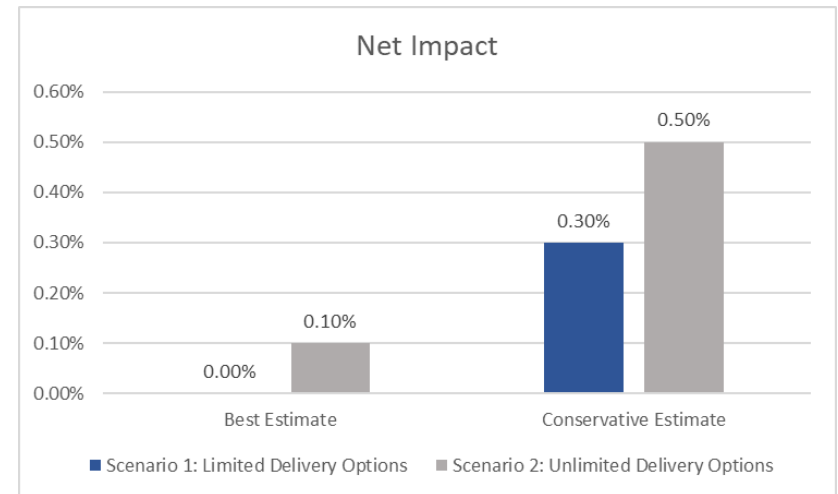
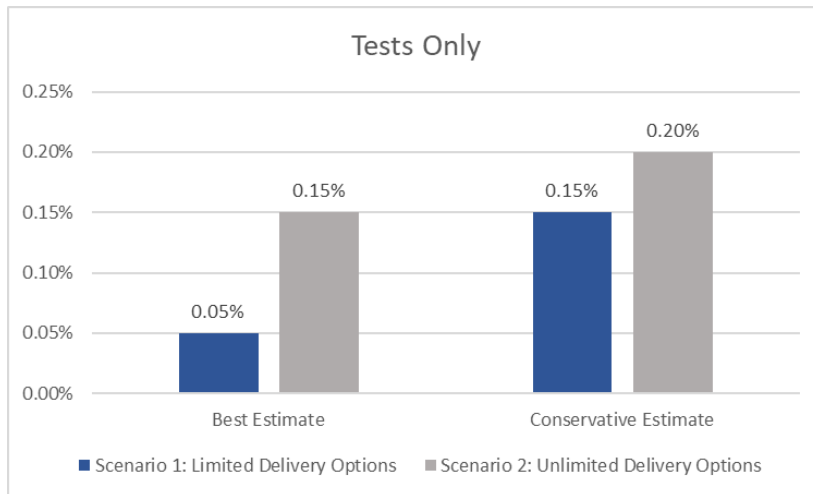
Key Points

A well-designed STD home test kit mandate may provide a valuable tool for combatting the rise of STDs

- **Expected impact on premium**
 - 0.05% to 0.20% for just the tests, including initial visit and lab costs
 - 0.00% to 0.50% for total costs, including treatment costs
- **Clinical considerations**
 - Early detection needed to prevent complications
 - CDC and USPSTF have clear testing guidelines
 - On-site testing often too inconvenient, creates a barrier to testing
- **STD home health test kits**
 - Some kits are clinically equivalent to on-site tests, others are not
 - Carriers need some level of discretion in setting up delivery systems

Impact on 2024 Premiums

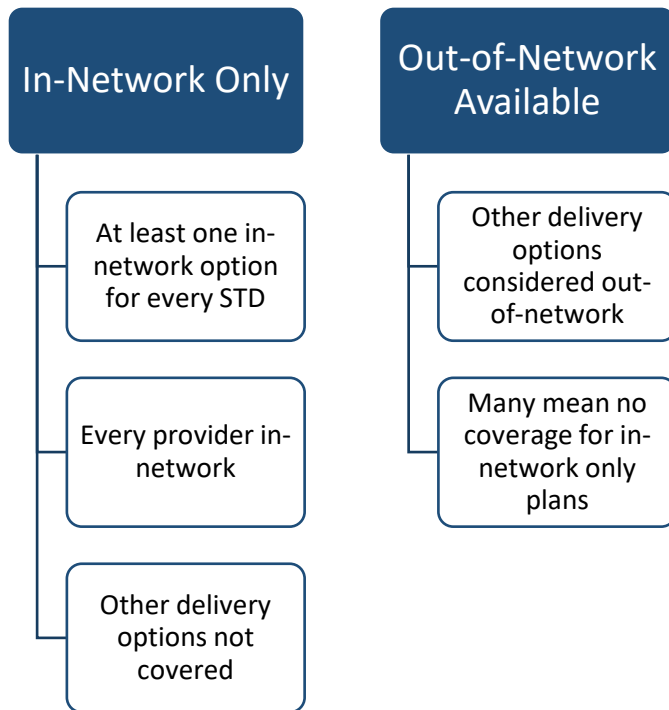
The estimated impact on premiums of a STD home test kit mandate is a 0.05% to 0.20% increase for just the tests. The estimated net impact ranges from no impact to a 0.5% increase, which includes treatment



- Assumes effective date of January 1, 2024
- AHP projects that the financial impact will reach a peak in 2024.

Delivery Option Assumptions

Assumption: Under the mandate, carriers will be able to apply same techniques used for other benefits to control costs and meet enrollee needs



Considerations

- Test selection
- Adequate follow-up
- Costs
- Administrative simplicity
- Fraud, waste, and abuse

STD Clinical Background

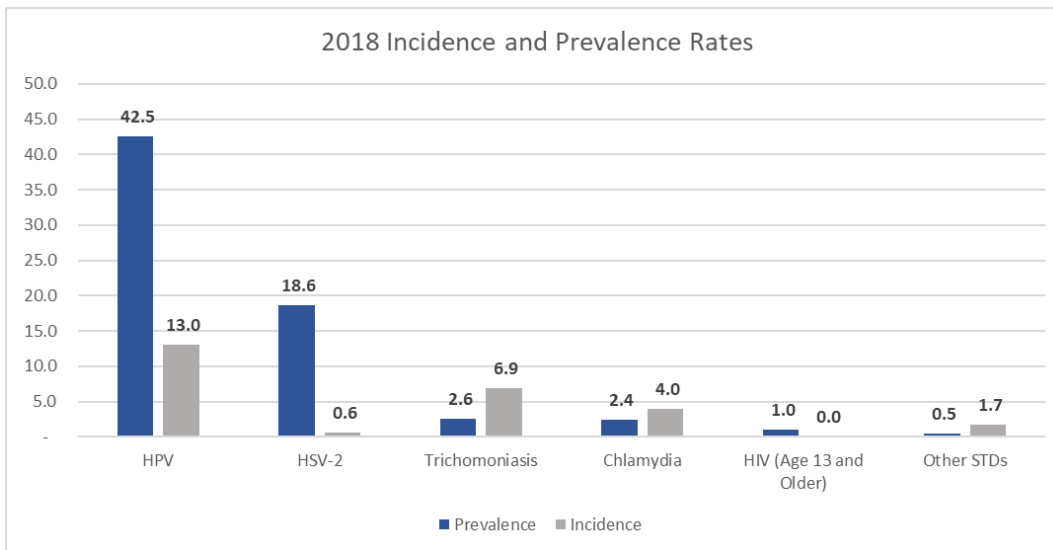
STDs can be grouped together into 4 groups for discussion purposes

Category	STDs with inexpensive treatments and the possibility to develop complications with significant treatment costs	STDs with no current cure but with treatments to ameliorate symptoms	STDs with expensive treatments though which are more cost-effective when treated early in disease progression
STDs	Chlamydia, Gonorrhea, Syphilis, and Trichomoniasis	HBV, Herpes, and HPV	HIV and HCV
Key Facts	<ul style="list-style-type: none"> Highly prevalent STDs – more than 1 in 20 men/women aged 15 – 24 Expensive complications include pelvic inflammatory disease, diseases passed on during childbirth, and infertility Many cases are asymptomatic, though symptomatic cases are often tested/treated in ER (unnecessarily) 	<ul style="list-style-type: none"> HBV and HPV have vaccines that prevent infection Management treatments are relatively inexpensive, though potentially life-long; only symptomatic cases are treated Complications can result in cancer, cirrhosis, and chronic infection 	<ul style="list-style-type: none"> HCV is curable, though treatment is expensive. Complications due to cirrhosis and cancer are expensive if the disease is not treated in its early stages. HIV is not curable, though progression can be managed if treatment begins early in disease progression
Impact of Increased Testing	Potential for savings from avoided ER visits, avoided complications, reduced transmission	Treatment costs will not increase, and may see reduced transmission and increased vaccination rates	Treatments are expensive and will drive short-term cost increases, though will aid long-term affordability

Category 4: Monkeypox, undiscovered STDs

Key Statistics

HPV is the most common STD, but 86% of the costs are attributable to HIV



- Maryland
 - Mirrors national trends
 - Over 52,000 reported STD cases in 2019
 - Maryland ranks 12th in chlamydia and 24th in gonorrhea

Screening and Prevention

66% of all STDs are asymptomatic

Prevention Guidelines

- Education
- Counseling
- Evaluation
- Identification, patient and partners
- Diagnosis
- Treatment

Risk Assessments

- Sexual history
- Partners
- Drug use
- Pregnancy intention
- Protection, use of condoms

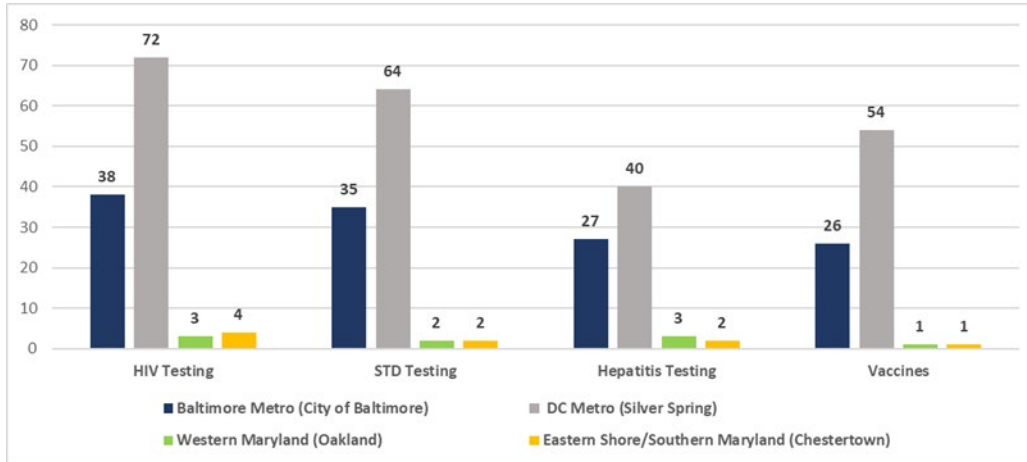
Screening Guidelines

- Sexually active women under age 25
- At risk populations
- High prevalence geographic areas
- Frequency depends on risk profile

- According to Maryland law, health care providers and laboratories must report all confirmed cases of chlamydia, gonorrhea and syphilis to a state or local health department within one day
- The CDC requires reporting of HIV on an annual basis

STD Testing In Maryland

Most on-site testing centers in Maryland do not offer home test kits, but kits are available on-line



- Barriers to testing
 - Transportation
 - Privacy
 - Scheduling
 - Stigma

Source: [Get Tested | National HIV, STD, and Hepatitis Testing \(cdc.gov\)](https://www.cdc.gov/nchs/od/2019/04/04/get-tested-national-hiv-std-and-hepatitis-testing)

On-line home STD Testing Kits: [Home - IWTK \(iwantthekit.org\)](https://www.iwantthekit.org) (Johns Hopkins),

STD Home Health Kit Background

How Does a Consumer Know Which Test to Choose?

Company	Test	Cost	Chlamydia	Gonorrhea	Hepatitis B	Hepatitis C	Herpes	HIV	HPV	Syphilis	Trichomoniasis
Let's Get Checked	Simple 2	\$ 99	x	x							
	Standard 5	\$ 149	x	x				x		x	x
	Complete 8	\$ 249	x	x						x	x
MyLabBox	Uber Box	\$ 199	x	x		x	x	x		x	x
	Safe Box	\$ 169	x	x				x			x
	Total Box	\$ 399	x	x		x	x	x	x	x	x
PrioritySTD	Twin STD	\$ 119	x	x							
	10-Panel STD	\$ 198	x	x	x	x	x		x	x	
EverlyWell	Chlamydia & Gonorrhea	\$ 69	x	x							
	STD Test Package	\$ 127	x	x		x		x		x	x
CVS Health	STI & HIV Test Kit	\$ 100	x	x			x	x		x	x

- **Not all tests are of the same clinical quality**
 - Major concern: How often does a test indicate a false negative?
 - False negative means patient told they do not have the disease when they really do, so patient does not seek treatment when they should
- **Recommended definition of covered test**
 - Approved, cleared, or waived by FDA (lists available on-line)

Home Test Kit Delivery Methods

Effectiveness of testing varies by delivery method, with key factors being the ability to identify the optimal test and instructions once the results are available

Delivery Method	Test Selection	Sample Collection	Test Site	Results/Next Steps	Reimbursement
Provider Based	Provider recommendation	At home	Certified lab	Provider, on-line, etc.	Electronic submission, auto-adjudication
On-line	Risk assessment on secure on-line site	At home	Certified lab	On-line, potentially with recommendations	Electronic submission, auto-adjudication
Retail	Consumer chooses test	At home	Certified lab	On-line	Mostly paper, manual processing

- Effectiveness of any delivery method depends on the quality of the service in recommending right test and follow-up after results are in
- Paper claims submissions and manual process may lead to delays in processing and, potentially, a higher error rate

Do Home Test Needs Meet Enrollee Needs?

Potential is there, but details matter

	Pros	Cons	Comments
Costs	<ul style="list-style-type: none">Discounted costs in-network	<ul style="list-style-type: none">Cost share, especially HDHPs and out-of-network	<ul style="list-style-type: none">May be deemed preventive at some point in time
Privacy	<ul style="list-style-type: none">Specimen collectionOrder, if on-line	<ul style="list-style-type: none">Other family members can see results	<ul style="list-style-type: none">About 25% of current test takers are dependents
Convenience	<ul style="list-style-type: none">No visit required on-lineElectronic payment processing	<ul style="list-style-type: none">Surprise billsManual submission	<ul style="list-style-type: none">Inconvenience may deter screenings, delay follow-up

Other Considerations

Timing is key

- **Effective date**

- Earliest recommended effective date: January 1, 2024
- Carriers need time to implement, more complex than most benefits
- Assumes bill is passed in early 2023 to assure carriers have time to amend policy forms and reflect benefit in rate filings

- **Essential benefits/Preventive care**

- Testing is considered an essential benefit, but STD home test kits are not considered essential benefits or preventive care by the carriers
- Administrative and subsidy advantages if they are considered essential benefits

- **Other test kits**

- Carriers may want to implement procedures to include other emerging home tests kits at the same time

Questions

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