CARE FOR KIDS
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Recommendations for Adolescent STD/STI and HIV Screening

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Adolescence is a time of transition between childhood and adult life and adolescent well care visits are important to support adolescents' transition to adult health care. These visits provide an opportunity for young adults to speak to a non-parental adult about health and social issues that concern them.

A variety of guidance is available on the content of the well adolescent visit. Since adolescents and young adults have the highest rates of several STIs when compared with any other age group, this article will focus on sexually transmitted disease/sexually transmitted infection (STD/STI) and human immunodeficiency virus (HIV) screening recommendations.

There are many aspects to STD/STI and HIV screening for adolescents. It is also important to understand the legal aspects of screening minors in Iowa. Electronic health records, confidentiality, and

billing issues can raise questions for providers.

Legal Aspects of Screening Minors in Iowa

Age of Majority

Iowa law generally provides that a person under the age of 18 years is a minor. However, persons who are married prior to the age of 18 years and persons who are tried and incarcerated as adults are deemed to have attained the age of majority. *Iowa Code § 599.1. See also Iowa Code §§ 135L.1(7), 239B.1(9), 600A.2(12), 728.1(4).*

Specific Type of Service and Care for which Minors can Consent:

Iowa law contains several provisions that govern a minor's ability to consent to health care and services. Every state allows teens to be tested and treated for STIs without parental consent. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule specifies the circumstances in which the parent is not the "personal representative" with respect to certain health information about his or her minor child. These exceptions generally track the ability of minors to obtain specific health care without parental consent under state or other laws, or standards of professional practice. In these situations, the parent does not control the minor's health care decisions, and thus under the Rule, does not control the protected health information related to that care.

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http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/personal-representatives/index.html

Consent for Contraceptive Services

In Iowa minors are able to consent to contraceptive services. Providers are not required to obtain consent from a parent or guardian prior to providing contraceptive services to a minor. The relevant portion of the text of the law provides as follows:

> *A person may apply for…contraceptive services…directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic. ….The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority. Iowa Code § 141A.7 (3). See also Carey v. Population Services, International, 431 U.S. 678 (1977); Title X Family Planning Program.*

Consent for Care for Sexually Transmitted Diseases

Iowa law authorizes a minor to provide consent for medical services related to the prevention, diagnosis, or treatment of a sexually transmitted disease. Minors are able to provide consent for prevention services such as the hepatitis B (HBV) vaccine, and for treatment for STDs including chlamydia, gonorrhea, HBV, hepatitis C, human papillomavirus (HPV), and syphilis. A health care provider is not required to obtain consent from a parent or guardian prior to providing these services to a minor.

The text of the law provides as follows:

> *A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis or treatment of a sexually transmitted disease or infection by a hospital, clinic or health care provider. Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant or an advanced registered nurse practitioner. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian or guardian, shall not be necessary. Iowa Code § 139A.35.*

HIV/AIDS Care

Iowa law authorizes a minor to give consent to receive services, screening, testing, and treatment for HIV and acquired immune deficiency syndrome (AIDS), and provides that the consent of a parent or guardian is not required to provide these services. However, the law does require that a minor must be informed prior to testing that if the test result is positive the minor's legal guardian shall be informed by the testing facility unless a testing facility is precluded by federal statute, regulation, or Centers for Disease Control and Prevention guidelines from informing the legal guardian. The text of the law provides as follows:

> *Notwithstanding any other provision of law, however, a minor shall be informed prior to testing that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed by the testing facility. Testing facilities where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or Centers for Disease Control and Prevention guidelines from informing the legal guardian is exempt from the notification requirement. The minor shall give written consent to these procedures and to receive the services, screening or treatment. Such consent is not subject to later disaffirmance by reason of minority. Iowa Code § 141A.7(3). (Title X family planning clinics are precluded from informing the legal guardian, for example).*

Opt-out testing is available for adults in Iowa. Specifically, written consent is not required for HIV testing of adults. Minors must give written consent for HIV testing and treatment services. The consent form should indicate that the minor understands that his or her legal guardian will be notified if the test is confirmed as positive.

Billing for Services

Third-party reimbursement for screening services also can create challenges. Many adolescents are covered by public or private insurance, but are unwilling or unable to use their coverage for reproductive health services, or other sensitive issues, because they worry that their parents will find out through the billing and insurance claims process. In Iowa, if the minor is a Medicaid recipient, he or she is entitled to receive confidential family planning and related services if the services are billed to Medicaid. The Medicaid Managed Care Organizations also will be held to this standard. Minors not on Medicaid may be eligible to receive confidential services under Iowa's Family Planning Waiver (Iowa Family Planning Network). The Iowa Family Planning Waiver program is a Medicaid administered program with specific income and other eligibility requirements. http://dhs.iowa.gov/sites/default/files/IFPN_0.pdf

The HIPAA privacy rule provides a legal basis for a minor to *request that providers and health plans restrict disclosure of their protected health information or that they communicate with the minor in a confidential manner*. The effective implementation of these provisions requires the willing and active cooperation of both health care providers and third-party payers. Most minors will not be aware of this right and will need to be informed and encouraged to follow the plan's guidance for requesting suppression of their protected health information.

Electronic Health Records and Confidentiality

In 2012 the American Academy of Pediatrics (AAP) issued a policy statement on Standards for Health Information Technology to Ensure Adolescent Privacy, http://pediatrics.aappublications.org/content/130/5/987. In it the AAP suggests steps necessary to keep protected health information confidential for minors. HIPAA rules defer to state law regarding minors with "exceptional circumstances" (e.g., adolescents seeking care for STIs) and gives the minor and not the parent the right to their protected health information. The rules have not resulted in all commercial health information technology systems having the capability to protect this information. Providers must make every effort to assure that minors seeking confidential services are protected from inadvertent release of information through patient portals.

The STD Landscape for Youth in Iowa

Table 1. ***Statewide incidence rates of select STDs (Age groups 15-19 and 20-24), 2014 data***

STD	Total Incidence Rate (per 100,000 population)	Rates for Males (per 100,000 population)	Rates for Females (per 100,000 population)
Chlamydia			
Age 15-19	1243	453	2075
Age 20-24	2263	1215	3375
Gonorrhea			
Age 15-19	143	82	207
Age 20-24	249	222	278
Syphilis – Primary/ Secondary/Early latent			
Age 15-19	3	2	4
Age 20-24	14	27	1

http://www.idph.iowa.gov/Portals/1/userfiles/105/STD%20surveillance%20data%202014%20for%20webpage.pdf

Table 2. ***Number of youth diagnosed with HIV or AIDS and those living with HIV (prevalence) (Age group 15-24), 2014 data***

Age Group	Diagnosed with HIV	Diagnosed with AIDS	Prevalence (Persons living with HIV)
15-24	18	5	373

http://idph.iowa.gov/hivstdhep/

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Table 3. ***Comparison of STI screening recommendations for sexually active non-pregnant women (adapted from USPSTF). AAFP generally follows USPSTF. For specific guidance, see the links on page seven.***

Chlamydia

Agency	Recommendations
US Preventive Services Task Force (USPSTF)	Screen women younger than 25 years and others at increased risk.
Centers for Disease Control and Prevention (CDC)	Screen women 25 years and younger and others at increased risk. Evidence is insufficient to recommend routine screening for C. trachomatis in sexually active young men based on feasibility, efficacy, and cost-effectiveness. However, screening of sexually active young men should be considered in clinical settings associated with high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) and should be offered to young men who have sex with men (YMSM).
American Academy of Family Physicians (AAFP)	Screen women 25 years and younger and others at increased risk. Current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men.
American Congress of Obstetrics and Gynecologists (ACOG)	Screen women younger than 25 years and others at increased risk.
AAP	Screen sexually active women 25 and younger annually; screen all adolescent men who have sex with men (MSM). Males who have high-risk sex with males (multiple or anonymous partners, illicit drug use) should be screened every 3-6 months. Males in correctional facilities, jails, job training programs, STD clinics, and school clinics should be screened. Screen all youth who have been exposed to chlamydia from a partner within 60 days.

HBV

Agency	Recommendations
USPSTF	Do not screen general population.
CDC	Provide pre-vaccination screening for women at increased risk.
AAFP	Do not screen general population.
ACOG	Screen women at increased risk.
AAP	Routine screening not recommended but testing for chronic infection appropriate in some populations; screen as appropriate to patient population and clinic setting.

Gonorrhea

Agency	Recommendations
USPSTF	Screen women younger than 25 years and others at increased risk.
CDC	Annual screening for all sexually active women age <25 years. Screening should be offered to YMSM and in geographic locations where gonococcal infection is concentrated.
AAFP	Screen women 25 years and younger and others at increased risk. Current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men.
ACOG	Test if age 25 years or younger and sexually active, and others at increased risk.
AAP	Screen sexually active women 25 and younger annually. Screen all males who have individual and population-based risk factors. Screen all youth who have been exposed to chlamydia from a partner within 60 days.

HSV (Herpes Simplex Virus)

Agency	Recommendations
USPSTF	Do not screen.
CDC	Do not screen general population.
AAFP	Do not screen.
ACOG	Screen if sexual partner has HSV.

Hepatitis C

Agency	Recommendations
USPSTF	Do not screen general population; insufficient evidence to recommend for or against screening women at increased risk.
CDC	Screen women at increased risk.
AAFP	Do not screen general population; insufficient evidence to recommend for or against screening women at increased risk.
ACOG	Screen women at increased risk.
AAP	Routine screening not recommended; screen as appropriate to patient population and clinic setting.

HIV

Agency	Recommendations
USPSTF	Screen sexually active, non-pregnant women at risk of HIV infection beginning at age 15.
CDC	Screen patients aged 13–64 years in all health care settings. Persons should be notified that testing will be performed, but retain the option to decline or defer testing (an opt-out approach).
AAFP	Screen adolescents and adults ages 18 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened.
ACOG	All females ages 13 to 64 should be tested at least once in their lifetime; annual re-testing is recommended based on individual risk factors. Physicians should be aware of and follow their states' HIV screening requirements.
AAP	Bright Futures 2015–routine screening between ages 16-18; annual testing if high risk.

HPV

Agency	Recommendations
USPSTF	Insufficient evidence to use as primary screening test for cervical cancer.
CDC	Do not screen for subclinical infection.
AAFP	Insufficient evidence to use as primary screening test for cervical cancer.
ACOG	Testing with a Pap smear is an option for women older than 30 years.

Syphilis

Agency	Recommendations
USPSTF	Screen women at increased risk.
CDC	Screen women exposed to syphilis.
AAFP	Screen women at increased risk.
ACOG	Sexually active adolescents who exchange sex for drugs or money, use intravenous drugs, are entering a detention facility, or live in a high-prevalence area.
AAP	Routine screening not recommended. All sexually active adolescents should be screened annually or every 3-6 months if they are at high risk.

Cervical Cancer

Agency	Recommendations
USPSTF	Guidelines from USPSTF and ACOG recommend that cervical cancer screening begin at age 21 years (a recommendation based on the low incidence of cervical cancer and limited utility of screening for younger adolescents). Absence of cervical cancer screening should not delay initiation or continuation of a contraceptive method.
CDC	Women aged <21 years should not be screened regardless of the age of sexual initiation or other risk factors.
AAFP	Cervical cancer screening between 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screen with a combination of cytology and human papillomavirus (HPV) testing every 5 years.
ACOG	Cervical cancer screening begins at age 21 years; screen every 3 years with cytology alone. Absence of cervical cancer screening should not delay initiation or continuation of a contraceptive method.
AAP	Cervical cancer screening begins at age 21 years.

Other

Agency	Recommendations
CDC	The routine screening of adolescents who are asymptomatic for certain STDs (e.g., syphilis, trichomonas, bacterial vaginosis, HSV, HPV, hepatitis A (HAV), and HBV) is not recommended. However, YMSM, youth in correctional facilities, and those living in communities with high prevalence of infections and pregnant adolescent females might require more thorough evaluation.

http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-recommendations-for-sti-screening;
http://www.cdc.gov/std/tg2015/specialpops.htm#adol
http://www.pediatriccare.solutions.aap.org/DocumentLibrary/Periodicity%20Schedule_FINAL.pdf
http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf

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What's in this issue

New look for EPSDT Care for Kids web site

Iowa's EPSDT Care for Kids health provider web site has been given a new look and format. The new site provides you with the latest news in a format that is interactive, making it easier for you to find key program information. Check it out and provide us with your feedback at www.iowaepsdt.org.

If you have questions about **billing** related to EPSDT Care for Kids services, please call Provider Services: **1-800-338-7909**. If you have questions about **clinical issues** and EPSDT Care for Kids services, please call **1-800-383-3826.** Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available on line at www.iowaepsdt.org**. Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting the editor. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter*.

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