Declines in HIV testing and diagnoses: Unanticipated consequences of the Trump Administration's 2019 Title X Policy

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Jennifer Sherwood [1], Elise Lankiewicz [1], Deborah Stenoien [1], Nathan Roberson [1], Brian Honermann [1], Greg Millett [1]

[1] amfAR The Foundation for AIDS Research, Andelson Office of Public Policy, Washington DC, USA

BACKGROUND

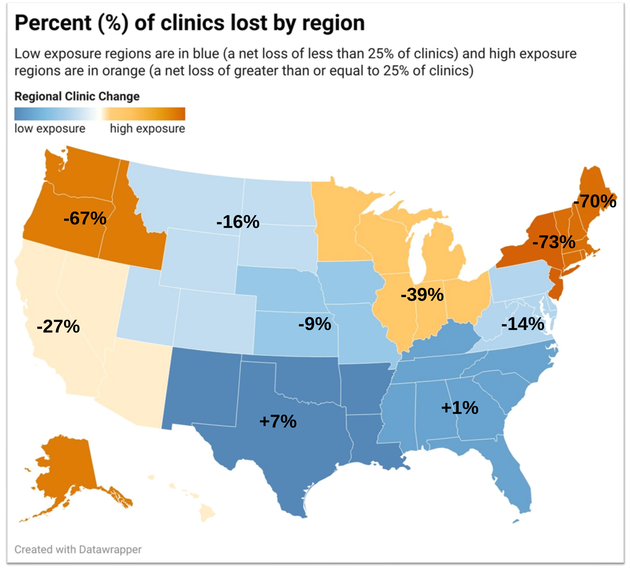
In 2019 the Trump administration instituted a regulation (hereinafter the Policy) requiring that all Title X-funded family planning clinics have financial and physical separation of abortion services from other health services and prohibiting providers from referring clients for abortion. In response, 32% (1,280) of all Title X-funded sites left the program.

- **Objective: This analysis examines the impact of the 2019 Policy on HIV testing and diagnoses in the Title X program.**

METHODS

Design: Secondary analysis connecting public data from Title X Family Planning Annual Reports (2016-2021) and CDC HIV surveillance reports (2016-2021). A difference-in-differences approach was used to build multilevel linear regression models examining interactions between Policy exposure and pre- and post-Policy implementation for HIV outcomes.

Exposure: Regions were classified as high and low exposure to the Policy based on net loss of Title X clinics (≥ 25% loss vs. < 25% loss).



Main Outcomes:

1) Number of HIV tests at Title X clinics by region
2) The proportion of a region's total HIV cases detected at Title X clinics.

KEY FINDINGS

The 2019 Policy significantly reduced:

- HIV testing in the Title X network – with over 69,000 fewer HIV tests being provided each year in high exposure regions vs low exposure regions post-policy.
- The proportion of a region's total HIV cases diagnosed at Title X clinics – with clinics in high exposure regions diagnosing 4% less of the regions HIV compared to low exposure regions post-policy

RESULTS:

Prior to the 2019 Policy, high exposure regions conducted consistently more HIV tests (Figure 1) and diagnosed higher proportions of a region's total HIV cases (Figure 2). This trend reversed in 2019, with high-exposure regions conducting fewer HIV tests and diagnosing a lower proportion of HIV cases than low exposure regions. This gap widened in 2020.

Figure 1: Number of HIV tests provided in high vs. low exposure regions from 2016-2021

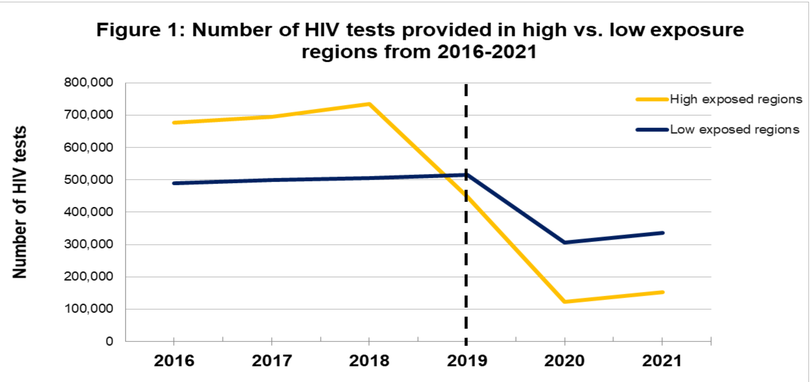
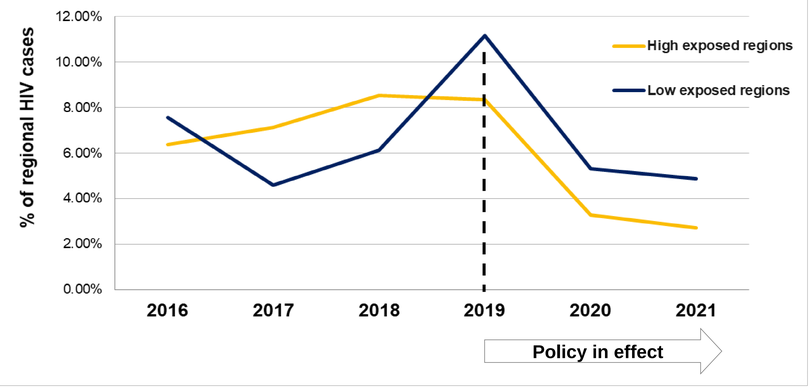


Figure 2: Percent of region's HIV cases diagnosed at Title X clinics in high vs. low exposure regions from 2016-2021



MULTILEVEL MODEL RESULTS:

Adjusted interaction models showed HIV testing in high exposure regions declined significantly compared to low exposure regions from pre- to post- Policy (β -69,626, 95% CI -108,893 to -30,359) and Title X clinics in high exposure regions identified a significantly smaller proportion of the region's total HIV cases compared to low exposure regions from pre- to post-Policy (β -0.04, 95% CI -0.07 to 0.00).

Table 1: Regional HIV testing at Title X clinics

	Interaction model β (95% CI)	P Value
Policy Exposure: high vs. low	18,002 (-92,913, 128,919)	.75
Year: post-policy vs. pre-policy	-22,533 (-50,299, 5,232)	.11
Proportion of clients on public insurance	524,597 (-30,673, 1,079,832)	.06
Proportion state Medicaid expansion	-94,551 (-280,598, 91,495)	.32
Interaction: Year x Policy Exposure	**-69,626 (-108,893, -30,359)**	**<.01***

Linear mixed effects model with interaction and regional random effects
* p<.05

Table 2: Proportion of region's total HIV cases identified at Title X clinics

	Interaction model β (95% CI)	P value
Policy Exposure: high vs. low	-0.05 (-0.08, -0.02)	<.01*
Year: post-policy vs. pre-policy	0.01 (-0.02, 0.03)	.56
Proportion of clients on public insurance	0.06 (-0.08, 0.20)	.38
Proportion state Medicaid expansion	0.11 (0.06, 0.15)	<.001*
Interaction: Year x Policy Exposure	**-0.04 (-0.07, 0.00)**	**.05***

Linear mixed effects model with interaction and regional random effects
* p<.05

CONCLUSION: The 2019 Policy had a notable negative effect on HIV testing and diagnoses in the Title X program. These results extend the known negative health consequences of the Policy to include HIV-related outcomes. Established sexual and reproductive health providers in the Title X program are a key provider of HIV services; anti-abortion policies that endanger the Title X network also threaten to weaken the U.S. HIV response.

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