



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

January 22, 2014

CIRCULAR LETTER NO.: CC-2014-1848-AS

**TO ALL DISABILITY INSURERS AND HEALTH INSURANCE ORGANIZATIONS
THAT WRITE MEDICAL INSURANCE IN PUERTO RICO.**

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING TEST

Dear Sirs and Madams:

Pursuant to Section 2.050(C)(1) of the Puerto Rico Health Insurance Code, all insurers or health insurance organizations that provide individual or group health insurance must provide coverage and will not impose cost-sharing requirements with regard to preventative services included in the most recent recommendations of the "*United States Preventive Services Task Force (USPSTF)*," provided that the covered person receives the services from a participating provider.

With regard to the human immunodeficiency virus, the USPSTF recommends that in jurisdictions that have high HIV infection rates an annual screening test for this infection be done for all persons between the ages of 15 and 65, as well as for adolescents and adults of other ages who are at risk of infection. The USPSTF also recommends that all pregnant women, including those that at the time of giving birth do not know their HIV status, should have an HIV screening test. According to the recommendations published by the Centers for Disease and Prevention (CDC) in the "*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in HealthCare Settings*," an HIV screening test should be included in prenatal care of all pregnant women. In addition, in certain jurisdictions with high HIV infection rates, the detection test should be repeated in the third trimester of the pregnancy.

In accordance with public policy promulgated by the Department of Health in Administrative Order No. 307, dated August 14, 2013, it is compulsory for all pregnant women to be offered the following tests:

- 1) A first HIV test during the first trimester of pregnancy at the first prenatal visit, and
- 2) A second test during the third trimester of pregnancy (between the 28th and 34th week of pregnancy).

Both HIV tests shall be offered within the scope of the routine prenatal tests, and the pregnant woman shall always be advised that the test is a recommendation established by recognized health authorities.

Based on the above, all of our licensees are reminded that as part of the USPSTF recommendations these tests must be included in the coverage for preventative services and must be provided according to USPSTF recommendations. All insurers or health services organizations are required to take note of the above and comply fully with the aforementioned legal provision.

With a view to implementing the aforementioned Administrative Order, and adequately monitoring compliance with the order, all insurers and health services organizations that are not exclusively engaged in writing Medicare Advantage or Medicare supplementary insurance plans shall annually file with our Office the form "Report of HIV Tests Performed by Pregnant Women," which is enclosed with this circular letter. For the first year, the form must be filed on or before May 1, 2014, while in subsequent years the date of filing will be February 15 of each year.

Any failure to comply with these provisions by an insurer or health insurance organization will constitute a violation of the Puerto Rico Insurance Code, the Puerto Rico Health Insurance Code, and other related legal provisions, which will entail the application of sanctions as provided under the law.

Strict compliance with the provisions of this letter is required.

Very truly yours,

SIGNED

Ángela Weyne-Roig
Commissioner of Insurance

Enclosures



COMMONWEALTH OF PUERTO RICO
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SUMMARY OF VIH TEST PERFORMED BY PREGNANT WOMEN
DURING THE YEAR 2013

Company Name: _____

CoCode: _____

Age Group	#of Births or terminations of Pregnancies	# HIV Test	
		#First Test	#Second Test
≤14			
15 - 19			
20 - 24			
25 - 29			
30 - 34			
35 - 39			
40 - 44			
45>			
TOTAL			

Signature of Authorized Official

Name and Position



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REPORT OF VIH TESTS PERFORMED BY PREGNANT WOMEN
DURING THE YEAR 2013

Company Name: _____ CoCode: _____

Unique identification Number	Age ¹	HIV Test Date ²		Date of Birth, or Termination of Pregnancy
		First	Second	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

¹ Women's age when birth or termination of pregnancy took place.

² Please include date in the following format - mm/dd/year example (01/22/2014).

The year on the date of the first test may vary from the second.

Signature of Authorized Official

Name and Position