Key Findings:
Analysis of California Assembly Bill (AB) 2372
HIV Specialists
Summary to the 2015-2016 California State Legislature, April 2016

AT A GLANCE

Assembly Bill (AB) 2372 would require plans or policies to include an HIV specialist as a primary care physician (PCP), provided that they meet the plan or policy’s eligibility criteria for all specialties seeking primary care physician status. The bill defines an HIV specialist as a physician or nurse practitioner who meets the criteria set forth by the American Academy of HIV Medicine (AAHIVM) or the HIV Medicine Association (HIVMA), or those who are contracted to provide outpatient care under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990.

- **Analytic approach**: Based on bill language, analysis includes board-certified infectious disease providers and excludes primary care providers, who meet AB 2372 requirements premandate, including primary care and excludes HIV care.

- **Enrollees covered**: CHBRP estimates that in 2016, 25.2 million Californians have state-regulated coverage that would be subject to AB 2372.

- **Benefit coverage**: AB 2372 does not alter benefit coverage, but could increase enrollees’ choice of type of PCPs who are HIV specialists.

- **Utilization**: CHBRP is unable to estimate enrollee utilization of designating an HIV specialist as a PCP.

- **Impact on expenditures**: Unknown.

- **EHBs**: AB 2372 does not expand or mandate coverage for services; the bill allows for HIV specialists to be designated as PCPs.

- **Medical effectiveness**: There is a very low preponderance of evidence from studies with weak research designs that care for non-HIV co-morbidities provided by physicians with more experience/expertise in HIV non-HIV is associated with poorer processes of care than care provided by physicians with less experience/expertise in HIV.

- **Public health**: There appear to be more than 900 HIV specialists (some of whom are AAHVM credentialed and many more who likely meet the AB 2372 specialist definition) who treat some of the 120,000 people living with HIV (PLWH) in California. However, the use of primary care services provided by HIV specialists and the resulting health outcomes for PLWH is unknown.