Pay It Forward

In the rush to diagnose and treat Americans who don't know they're HIV positive, who'll be stuck with the check?

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According to a study in the November issue of the journal *Medical Care*, it's going to cost $12.1 billion—yes, billion—annually to treat the 40,000 new cases of HIV that it predicts will now be diagnosed each year. The study was designed to keep policymakers up to date on the current costs of HIV treatment and to help them allocate future AIDS funds. "We want to make sure that [they] have an appropriate awareness of what it will take to provide high-quality care so that [HIV positive] people can live many more years," says the study's lead author, Bruce Schackman, PhD, assistant professor of public health at New York City's Weill Cornell Medical College.

Over the past quarter-century, treatment advances have given HIV positive people longer life spans—up to 24 years after diagnosis, the study reports. The downside: Monthly medical costs for positive people hover at around $2,100, with almost 70% of those costs going to anti-retroviral drugs.

While the idea of longer lives with HIV brings hope, some worry about the high costs of treatment— and who will foot the bill. Kelly Gebo, MD, assistant professor at Baltimore's Johns Hopkins University School of Medicine and a coauthor of the report, says that deciding whether the study is good news or bad news "depends on if you're a patient or a funder."

Adds Gebo, "New anti-retroviral [drugs] are going to come. Our hope is that the longevity five years from now will be even greater than it is now."

With rising infection rates in poor, urban communities, some analysts are speculating that many new cases may occur in the communities that are least likely to be able to afford the medical costs. In its November 2006 report, *African Americans, Health Disparities and HIV/AIDS,* the National Minority AIDS Council questions the ethics of testing people who "[once they] find out they have HIV may have nowhere to turn for the medical care that can improve chances for survival," creating a feeling of helplessness that could lead them to abandon efforts to seek care.

Still, the Centers for Disease Control (CDC) wants to implement routine testing for HIV as part of regular medical checkups, hoping to find the estimated 250,000 Americans who are infected with the virus and don't know it. The act of testing—not to mention counseling—is hardly cheap. And

how will the CDC finance treatment for the quarter- million who are newly diagnosed? (Lifetime treatment costs for HIV are upwards of $600,000, according to the *Medical Care* study.) What's more, since the average monthly medical bill jumps to $4,700 when people begin treating HIV in the later stages of disease progression, it would be most economical to find and treat those 250,000 people now. "Cost-effective is not the same as cost-saving, and that's a hard message to get across," says Schackman. "Almost no medical interventions are cost-saving, but if they're beneficial, people live longer." And isn't that, finally, worth any expense?

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