State of California—Health and Human Services Agency
# California Department of Public Health

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## Health Update on Test-to-Treat Programs in California
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**Background**

The Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) emphasize the importance of rapidly connecting people who test positive for COVID-19 with treatment as an effective way to decrease morbidity and mortality. Several therapeutics are available and recommended for treating non-hospitalized adults and children 12 years of age and older at high risk of progressing to severe COVID-19. As of April 2022, the therapeutics approved by the Food and Drug Administration (FDA) to treat COVID-19 include Paxlovid, Lagevrio, and Bebtelovimab.

These products, while still being allocated to states by the federal government, are **no longer in shortage** and should be used whenever clinically appropriate. This may change in the event of a future surge. California Department of Public Health (CDPH) recommends considering social determinants of health (such as unstable housing, lack of access to healthcare, experiencing racism, built environment factors, etc.) when evaluating risk of progressing to severe COVID-19.

**Test-to-Treat**

"Test-to-treat" facilities are locations where individuals can get tested for COVID-19, speak to a health care provider about treatment options if they test positive, and leave with those treatments in-hand if they're eligible. These are crucial components to successful COVID-19 health care since most therapeutic options must be initiated as early as possible (usually within five to seven days of symptom onset) to be effective. By allowing patients to get a therapeutic prescribed and dispensed at the same location, test-to-treat models improve patients' likelihood of getting on-time treatment—especially for patients with limited mobility or modes of transportation.

The U.S. Health and Human Services Agency (HHS) initiated this program in March, but the California Department of Public Health (CDPH) has been working with Local Health Departments (LHDs) to add state-selected sites to the system. This new initiative will not replace or impact the existing direct allocation system of therapeutics to California, and HHS will continue to distribute COVID-19 treatments, including oral antivirals, to California for distribution to jurisdictions. All qualified healthcare providers can still prescribe these therapeutics to patients who are at increased risk for developing severe COVID-19. HHS has created a Test-to-Treat facility locator that is available in English, Spanish, and Chinese here: https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/. This site includes both federally and state supported locations.

**Adding Additional Test-to-Treat Sites**
Test-to-Treat providers need to have three components: (1) rapid testing; (2) either in-person **or telehealth** prescribing capabilities with a physician, advanced practice registered nurse, or physician assistant (these are the only individuals able to prescribe anti-infectives); and (3) the ability to dispense COVID-19 oral antivirals according to California state law. Patients can also bring their own test results from an at-home test to access Test-to-Treat.

While it is best for these elements to all be housed in the same facility, some co-located (or closely located) clinic and pharmacy pairs have created test-to-treat partnerships. HHS has not provided clear definitions of how close clinics and pharmacies must be to each other, but CDPH recommends considering the patient journey when deciding what to offer as Test-to-Treat.

CDPH also recommends that test-to-treat sites offer services to all individuals, regardless of insurance or ability to pay; have hours of operation and language translation services that accommodate the needs of local communities; and have a plan to refer patients to sites where they can receive anti-SARS-CoV-2 monoclonal antibody infusions, if clinically appropriate.

LHDs will be responsible for vetting additional test-to-treat facilities in their jurisdictions. Once vetted and identified, test-to-treat facilities can be labeled and uploaded to the Health Partner Ordering Portal (HPOP) and will appear on the HHS Test to Treat locator. Local jurisdictions can email CDPHTherapeutics@cdph.ca.gov to get local test-to-treat sites added to the HHS Test-to-Treat locator.

**Billing Information**
Because the federal government is providing COVID-19 therapeutics at no cost to providers, providers cannot bill insurance for the ingredient cost of therapeutics. However, providers may bill the dispensing fee or administration fee associated with the product, and providers may bill for the physician visit to determine whether the product is clinically appropriate for that patient. More information on billing can be found in HHS's Outpatient Treatment Guide.

For uninsured patients, the California Department of Health Care Services (DHCS) COVID Uninsured Program covers COVID testing, treatment, and all medically necessary care (including the HCP visits necessary for prescribing COVID-19 therapeutics) at no cost to the individual until the end of the COVID-19 public health emergency. Eligible individuals must enroll through a qualified provider. More information is available on DHCS' website.

**Additional Resources**
Clinical guidance on outpatient treatment can be found on in the NIH COVID-19 Treatment Guidelines. The CDPH therapeutics webpage provides general information for the public and providers regarding outpatient therapeutic options for COVID-19. Providers can also find a regularly updated Outpatient Treatment Guide that contains a clinical decision aid, dosing and packaging information, and other resources here. A

drug-drug interaction checker for COVID-19 medications can be found [here](here).