In 2012 the American Academy of Pediatrics (AAP) revised its recommendations regarding neonatal male circumcision, transitioning from a recommendation against it to endorsing the practice. The current recommendations are based on the findings of three studies performed in Sub-Saharan Africa. In those studies, the researchers suggested that circumcision may result in reduced rates of Human Immunodeficiency Virus (HIV) transmission via heterosexual intercourse. In addition to the above studies there are several studies suggesting that circumcision can have benefits in reducing the rates of penile cancer, human papilloma virus transmission, and urinary tract infections. Based on the AAP recommendations some third-party payers have revised their policies regarding reimbursement procedures. While circumcision practices are a topic of debate in the United States, non-therapeutic circumcision is not recommended by the European Academy of Paediatrics and is not reimbursed by third-party payers. For instance, the National Health Service in Great Britain discontinued the practice of routine non-therapeutic circumcision in the mid twentieth century.

This presentation will give a thorough review of the existing body of knowledge regarding the practices of non-therapeutic male infant circumcision. Existing studies regarding HIV risk reduction will be discussed in detail. At the same time, the generalizability and transferability of the above studies to the US health care system will be discussed. Finally, third-party reimbursement practices, costs associated with circumcision, and ethical issues related to this issue will be discussed.